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IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

~~~~~

IN RE: NATIONAL PRESCRIPTION MDL No. 2804  
OPIATE LITIGATION

Case No. 17-md-2804

Judge Dan Aaron

This document relates to: Polster

The County of Cuyahoga v. Purdue  
Pharma L.P., et al.  
Case No. 18-OP-45090

City of Cleveland, Ohio v. Purdue  
Pharma L.P., et al  
Case No. 18-OP-45132

The County of Summit, Ohio, et al.  
v. Purdue Pharma L.P., et al.  
Case No. 17-OP-45004

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Volume III
Continued deposition of
PATRICK LEONARD

May 23, 2019

8:01 a.m.

Taken at:

Ulmer & Berne

1660 W. 2nd Street, Suite 1100

Cleveland, Ohio

Renee L. Pellegrino, RPR, CLR

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9 Special Master David Cohen

10 Josh Payne

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1 MR. BLOCK: We're here in the
2 National Prescription Opiate Litigation for the
3 continued deposition of Patrick Leonard. We're
4 at Ulmer & Berne. We should enter appearances
5 for the record, so, James, you want to start.

6 MR. LEDLIE: Sure.

7 This is James Ledlie on behalf of
8 Summit County.

9 MR. BENNETT: James Bennett from the
10 U.S. Attorney's Office for the Northern District
11 of Ohio here on behalf of the United States and
12 the Drug Enforcement Administration.

13 MR. CIPRIANI: John Cipriani,
14 division counsel for DEA.

15 MS. BACCHUS: Renee Bacchus, U.S.
16 Attorney's Office, Northern District of Ohio, on
17 behalf of the United States and DEA.

18 MS. ZERUSSEN: Sandy Zerussen,
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21 MR. MOYLAN: Daniel Moylan,
22 Zuckerman Spaeder, for CVS.

23 SPECIAL MASTER COHEN: David Cohen,
24 Special Master.

25 MR. KRNCEVIC: Raymond Krncevic,

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1 Tucker Ellis, for Janssen.

2 MR. GOLDSTEIN: Joshua Goldstein,
3 Ropes & Gray, for Mallinckrodt, LLC.

4 MR. RAIOLA: Stephen Raiola,
5 Covington & Burling, on behalf of McKesson.

6 MR. BLOCK: And Benjamin Block from
7 Covington for McKesson.

8 MR. BENNETT: And the U.S.
9 Attorney's Office, with the agreement of the
10 parties and the Special Master, there is a law
11 student, Josh Payne, who is observing the
12 deposition today.

13 Thank you.

14 MR. BLOCK: Is there anyone on the
15 phone? Anyone participating by phone, please
16 identify yourself.

17 MR. LAVELLE: John Lavelle from
18 Morgan Lewis on behalf of Defendant Rite-Aid of
19 Maryland.

20 MS. GIBSON-ALLEN: This is Erin
21 Gibson-Allen from Marcus & Shapira on behalf of
22 Defendant HBC.

23 MS. BRUNNER: Madeleine Brunner of
24 Locke Lord on behalf of Henry Schein.

25 MR. MUDGE: This is Wilson Mudge of

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1 Arnold & Porter on behalf of the Endo and Par
2 Defendants.

3 MR. HARRIS: Alex Harris of Barlit
4 Beck on behalf of Walgreens.

5 MR. WALLACE: Matt Wallace of
6 O'Melveny & Myers on behalf of Johnson & Johnson
7 and Janssen.

8 PATRICK LEONARD, of lawful age, called
9 for examination, as provided by the Federal
10 Rules of Civil Procedure, being by me first duly
11 sworn, as hereinafter certified, deposed and
12 said as follows:

13 EXAMINATION OF PATRICK LEONARD

14 BY MR. BLOCK:

15 Q. Good morning, Detective Leonard.

16 A. Good morning, sir.

17 Q. Nice to meet you.

18 Did you do anything to prepare for
19 this portion of your deposition?

20 A. I did review the sentencing for
21 Dr. [REDACTED].

22 Q. Anything else?

23 A. Reviewed some of the sentencing for
24 Dr. [REDACTED] as well.

25 Q. Dr. [REDACTED] that was?

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1 A. [REDACTED].

2 Q. And anything else?

3 A. No, sir.

4 Q. Any meetings with counsel?

5 A. Met with counsel, yes.

6 Q. How many times?

7 A. Once.

8 Q. When was that?

9 A. Yesterday.

10 Q. And with which counsel did you meet?

11 A. I met with James Ledlie. I met with
12 the DOJ this morning for 15 minutes.

13 Q. How long was your meeting with
14 Mr. Ledlie yesterday?

15 A. Two hours maybe.

16 Q. Have you reviewed the transcripts
17 from the first two installments of your
18 deposition?

19 A. I scanned through them. They were
20 quite lengthy. But yes.

21 Q. Any corrections you need to make?

22 A. Not that I saw that caught me as
23 something that needed to be corrected
24 immediately.

25 Q. And other than Mr. Ledlie or counsel

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1 for DEA and DOJ, have you spoken with anyone
2 about this case since last we saw you?

3 A. No, sir.

4 Q. How many investigations, sir, have
5 you worked on while assigned to the TDS?

6 A. I have no idea.

7 Q. Well, is it more than ten?

8 A. Yes.

9 Q. Is it more than a hundred?

10 A. Doubtful, no.

11 Q. It is more than 50?

12 A. It could be close to 50.

13 Q. And for how many of those were you
14 the lead agent?

15 A. Maybe a third.

16 Q. And who determines whether you're --
17 or how is it determined whether you're the lead
18 agent or an assisting agent on any particular
19 investigation?

20 A. One is if I get the complaint, if I
21 start it and run with it. Some of the ones that
22 I was the lead on were because they were City of
23 Akron cases that I charted and did through the
24 DEA, so those -- I would be lead on all of
25 those. Or if referrals came from either Denise

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1 Foster, our previous GS, or Hans Charters, that
2 took place in either Akron or Summit County,
3 those could be assigned to me as the lead.

4 Q. When you say they were City of Akron
5 cases that you charted, what do you mean by
6 that?

7 A. If I had a doctor shopper or a
8 pharmacist or pharmacy tech, a theft, a nurse
9 that was stealing from one of the hospitals, I
10 would do the case and it would be state charges,
11 but I would open a DEA case, so my reports would
12 be done through the DEA format with a DEA-6 and
13 the rest would be chartered.

14 Q. Do you have a sense as to what
15 percentage of the investigations you've worked
16 on at TDS were -- if I followed that last answer
17 correctly, would have been also state-chartered
18 cases?

19 A. When you say "worked on," I'm going
20 to assume you're talking about even if I did
21 surveillance and assisted on someone else's lead
22 case, so probably about half of my cases were
23 City of Akron cases. The other half would have
24 been things that I assisted on or led through
25 DEA.

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1 Q. And do you know, while at TDS have
2 you worked on cases that were also, for example,
3 City of Cleveland cases?

4 A. I did not work on -- I don't know
5 that, no. I don't know.

6 Q. You're not aware of having worked on
7 a City of Cleveland case?

8 A. That's correct. I'm not aware of
9 that.

10 Q. Would there be such a thing as a
11 Summit County case?

12 A. Yes.

13 Q. And at TDS have you worked on any
14 Summit County cases?

15 A. Well, the City of Akron falls within
16 the borders of Summit County, so all my Akron
17 cases would have gone through Summit County
18 Common Pleas Court, so if that answers your
19 question.

20 Q. I think so.

21 So is there anything else within
22 Summit County that would come to you that
23 wouldn't come to you through the City of Akron?

24 A. I would get a referral outside of
25 the City of Akron. I think I worked a Stow

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1 case. I've recently worked a pharmacist case
2 that was the City of Stow that's -- he's been
3 indicted in Summit County Grand Jury.

4 Q. Have you ever worked on any Cuyahoga
5 County cases while at TDS?

6 A. I believe I have. There were other
7 task force officers that were Summit County
8 deputies or Cleveland Heights officers.

9 Q. Did you mean Cuyahoga County?

10 A. I'm sorry. Cuyahoga County.

11 Q. Okay.

12 A. Or Cleveland Heights detectives that
13 were task force officers, and some of those
14 cases were taken locally rather than federally,
15 so that could be a Cuyahoga County case.

16 Q. Who determines whether a case
17 ultimately is taken locally versus federally?

18 A. There's -- I guess there's a couple
19 different ways.

20 If the AUSA isn't -- if we don't
21 meet the requirements of a minimum that the AUSA
22 wants for the case, then we take it state, or if
23 our department wants us to take it state, then
24 we'll take it state.

25 Q. So I think you've said there are

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1 approximately 50 investigations that you've
2 worked on in your time at TDS?

3 A. Plus or minus, yes.

4 Q. But are we talking plus or minus ten
5 or so?

6 A. At most.

7 Q. And how many of those investigations
8 involved investigating something other than
9 opioids?

10 A. Less than a half dozen.

11 Q. But you have worked on
12 investigations that were not related to opioids?

13 A. The ones I'm -- well, I guess where
14 are you considering illicit fentanyl?

15 Q. Well, how would you consider illicit
16 fentanyl?

17 A. I consider it an opioid, but it's --
18 so then, you know, I'm trying to think of the
19 cases, whether --

20 Q. Let me rephrase the question and ask
21 you, how many of those investigations have
22 involved something other than prescription
23 opioids?

24 A. That would be less than a half,
25 probably a half dozen.

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1 Q. For example, have you ever worked on
2 a case involving -- an investigation involving
3 steroids?

4 A. Yes.

5 Q. Cannabinoids?

6 A. There may have been some
7 cannabinoids in a case, but it was never the
8 primary target. You know, when you arrest some
9 of these people, they tend to have that with
10 them.

11 Q. While at TDS have you ever worked on
12 an investigation into a licensed prescription
13 opioid manufacturer?

14 A. No, sir, I have not.

15 MR. LEDLIE: Objection.

16 MR. BENNETT: I'm going to add an
17 objection that you are not authorized to discuss
18 active investigations at the DEA.

19 A. Yes, sir.

20 MR. BLOCK: Well, I think I already
21 have the answer to that question. Special
22 Master Cohen, I don't believe I agree with that
23 objection, but I don't know that it matters
24 because I got the answer. But it might for the
25 next question.

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1 Q. At TDS have you ever worked on any
2 investigation into any licensed distributor?

3 MR. BENNETT: Objection. Vague.
4 Objection. Scope.

5 You're not authorized to disclose
6 information regarding specific DEA
7 investigations or activities.

8 MR. BLOCK: May I at least get a yes
9 or no answer to that question?

10 SPECIAL MASTER COHEN: Yes, you can
11 get a yes or no answer.

12 Do you need it read back?

13 THE WITNESS: Yes, because I'm not
14 sure what I'm allowed to answer.

15 SPECIAL MASTER COHEN: You can
16 answer yes or no to the question.

17 Q. And my question was, at TDS have you
18 ever worked on any investigation into any
19 licensed distributor?

20 MR. BENNETT: Same objections.

21 A. Yes.

22 Q. How many?

23 MR. BENNETT: Objection. Scope.

24 You're not authorized to disclose
25 information regarding specific DEA

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1 investigations or activities.

2 SPECIAL MASTER COHEN: You can
3 answer.

4 A. Two that I'm aware of. There may be
5 another, but I'm not sure.

6 Q. Are either of those investigations
7 closed?

8 A. One is.

9 Q. In the closed investigation were
10 charges brought?

11 A. It ended up being civil.

12 Q. And who was the --

13 A. That was the one we talked about
14 before with Agent Brinks where we returned a
15 bunch of files to a facility in Wadsworth. I
16 think it was like a 50 million dollar
17 settlement. I don't remember. I can't think of
18 the name of the company. But that was -- Scott
19 Brinks was the DI that investigated that case.
20 I just assisted on it.

21 Q. DI is diversion investigator?

22 A. Yes, sir.

23 Q. Is Mr. Brinks a member of the TDS?

24 A. He was at that time.

25 Q. And what is a diversion

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1 investigator?

2 A. It's a non -- he's not law
3 enforcement, no arrest powers, but they
4 investigate and monitor the Controlled
5 Substances Act. They're in charge of dispensing
6 logs, suspicious activity reports. I don't do
7 their job so I don't know all of their -- the
8 definition of what they do, but they assist us
9 in our investigations.

10 Q. The second matter involving a
11 distributor that you were testifying about, are
12 you the lead agent on that?

13 A. No.

14 Q. Is that one where you're assisting a
15 diversion investigator?

16 MR. BENNETT: Objection. Scope.

17 You're not authorized to disclose
18 the specific DEA investigations and activities
19 regarding those investigations.

20 SPECIAL MASTER COHEN: You can
21 answer that question.

22 A. I'm assisting in the office.
23 There's -- I don't know who the lead agent is on
24 it, whether it's a DI or an agent. I'm
25 assisting in the office.

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1 Q. Do you know whether -- I'll just ask
2 do you know whether that distributor is a
3 defendant in this lawsuit?

4 MR. BENNETT: Objection. Scope.

5 You're not authorized to disclose
6 specific DEA investigations or activities.
7 Identifying it as a defendant in this case would
8 narrow down who you are investigating and I
9 would instruct you not to answer that question.

10 SPECIAL MASTER COHEN: He can answer
11 yes or no. That's all it asked.

12 MR. BENNETT: Special Master Cohen,
13 will you hear argument on that?

14 SPECIAL MASTER COHEN: No. We've
15 got at least two dozen defendants in this case
16 and simply a yes or no answer isn't going to
17 identify anybody in a way that would impede or
18 change an ongoing investigation, so you can
19 answer yes or no.

20 MR. BENNETT: Special Master Cohen,
21 my concern would be that while there may be two
22 dozen distributors in this case, they're not all
23 within this area, which I think may limit and
24 allow them to determine --

25 SPECIAL MASTER COHEN: You can

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1 answer yes or no.

2 A. [REDACTED]

3 Q. While at TDS have you worked on
4 investigations into suspected doctor shopping?

5 MR. LEDLIE: Object to the form of
6 the question.

7 MR. BENNETT: Objection. Vague.

8 You can answer.

9 A. You mean the patients that are
10 doctor shopping or --

11 Q. Well, do you have an understanding
12 what doctor shopping is?

13 A. I do. I'm not sure what your
14 understanding is.

15 Q. Tell me what yours is.

16 A. Individuals who will seek
17 medication, pain medication, from multiple
18 physicians for either the same ailment or a
19 made-up ailment.

20 Q. And using that definition, have you
21 worked any investigations into that kind of
22 doctor shopping while at TDS?

23 A. Yes, sir.

24 Q. How many of the 50 plus or minus
25 investigations were into potential doctor

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1 shopping?

2 A. Maybe 20, 25.

3 Q. How about, do you have a definition
4 of a pill mill?

5 A. I do.

6 Q. What do you understand a pill mill
7 to mean?

8 A. Individual with a medical license,
9 DEA registration, that is prescribing medication
10 to customers with no medical purpose, basically
11 a drug dealer.

12 Q. Have any of the investigations
13 you've worked on at TDS involved pill mills?

14 A. No, sir.

15 Q. At TDS have any of the
16 investigations involved counterfeit pills?

17 A. Yes, sir.

18 Q. How many?

19 A. At least two were counterfeit pills.

20 Q. How about, have you done any
21 investigations into thefts of prescriptions?

22 MR. LEDLIE: Objection. Vague as to
23 time.

24 Q. I'm sorry. I'm trying to focus on
25 your time at TDS because that's what we weren't

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1 allowed to ask you earlier.

2 A. Are you talking theft of paper
3 prescriptions, theft of medications?

4 Q. Let's start with theft of, like,
5 prescribing pads or forgery of prescribing pads.
6 Have you done investigations into that?

7 A. I haven't done a theft of a
8 prescribing pad for a long time. They're
9 getting to the point where if there's any forged
10 prescriptions, some of these guys are good
11 enough that they get safety-backed paper and
12 they print their own rather than steal someone's
13 pad.

14 Q. How about theft of prescription
15 medication?

16 A. Yes. Yes.

17 Q. And how many of the 50 plus or minus
18 investigations were into the theft of
19 prescription medication?

20 A. I don't know exact numbers on it.
21 I'd be guessing.

22 Q. I'm trying to get a sense of the
23 relative predominance of different -- or
24 taxonomy of the types of investigations you've
25 worked on.

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1 A. Most of my nursing arrests are
2 thefts of drugs. Those cases are brought to me
3 by agents from the Board of Nursing. Those are
4 normally self-medicating RNs and those end up
5 being theft of drugs. Some pharmacy techs
6 normally end up being a theft of drugs. Maybe a
7 dozen. I don't know. A half dozen, dozen.

8 Q. Thank you.

9 Of the 50 plus or minus
10 investigations that you've worked on, how many
11 have resulted in arrests; do you know?

12 A. Gosh, I don't have numbers for you
13 on these. Most of the theft of drugs, the
14 deception to obtain, the doctor shoppers, those,
15 typically probably 99, 95 percent of those end
16 up in arrests. If it's a theft from a patient
17 with a home healthcare aide, those rarely end up
18 in arrests. Very difficult to prove. And most
19 of those I didn't even add into the 50 cases
20 because I don't open a case on those. I'll
21 follow through with whether there's anything to
22 follow up on or if I have anything to open a
23 case. For the majority of those there just
24 isn't enough evidence to start anything.

25 Q. How about, have you made any arrests

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1 in counterfeit pill cases?

2 A. Yes, sir.

3 Q. How many?

4 A. Well, the one case had three
5 individuals. The other case, we made arrests.
6 I don't know how many individuals there were off
7 the top of my head.

8 Q. At TDS have you done any
9 investigations into physicians or other
10 authorized medical practitioners for improper
11 prescribing?

12 A. Yes.

13 Q. How many of those type of
14 investigations?

15 A. Including those that are probably
16 still open, there's probably a dozen of them.

17 Q. Can you describe generally at a
18 general level what the factors are that you look
19 for in determining whether a physician is
20 overprescribing?

21 MR. BENNETT: Objection. Scope.

22 You're not authorized to disclose
23 information that would reveal investigative or
24 intelligence gathering and dissemination
25 techniques whose effectiveness would thereby be

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1 impaired, and I believe that the Special Master
2 has ruled that the document related to this
3 question has also been allowed to be clawed
4 back. So to the extent that you can answer
5 generally without disclosing confidential
6 techniques, you may answer.

7 A. Can you repeat it then for me,
8 please?

9 Q. Yes.

10 Could you please describe for us
11 generally the factors that you look for in
12 determining whether or not a physician is -- how
13 do you figure out whether a physician is
14 overprescribing?

15 MR. LEDLIE: Objection. Asked and
16 answered already at the last -- volume II. I
17 can give you the pages, but this has been
18 covered.

19 A. There's a lot of factors that go
20 into it. I mean, whether I get a complaint,
21 someone obviously calls and says, you know,
22 they're having a problem. Sometimes it's a
23 family member who will call that one of their
24 children is being, they believe, overprescribed.
25 There's got to be something that brings it to

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1 our attention first, and then it will fall into
2 more the investigative techniques on what we do
3 once we get a substantial lead in a case to
4 start opening investigations.

5 Q. Have you ever worked on an
6 investigation at TDS into someone for potential
7 overprescribing and concluded that that person
8 was not overprescribing?

9 A. I've worked on cases where I didn't
10 have enough proof that I could bring charges,
11 but not ever where I didn't think there was a
12 problem.

13 Q. Not ever where you didn't think
14 there was a problem?

15 A. No.

16 Q. But you have worked on cases where
17 you couldn't determine or you didn't think you
18 had enough proof to decide whether or not
19 someone was overprescribing?

20 MR. LEDLIE: Object to the form of
21 the question.

22 A. I didn't have enough evidence to
23 bring charges at that time.

24 Q. Have you worked on a case -- worked
25 on an investigation and closed it and not

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1 brought charges to improper prescribing?

2 A. Yes, sir, I have.

3 Q. And can we agree that it can be
4 difficult to determine whether a physician is
5 overprescribing?

6 MR. LEDLIE: Objection. Vague.

7 MR. BENNETT: Objection. Scope.
8 You can answer.

9 A. Sure. There are -- some doctor
10 cases are some of the most difficult cases to
11 work.

12 Q. Have any of your investigations
13 involved marketing materials related to
14 prescription opioids, any of your investigations
15 while at TDS?

16 A. What type of marketing materials are
17 you talking about?

18 Q. Marketing that the manufacturer of
19 the medicine provides to doctors.

20 A. No, sir. Mine have not.

21 Q. Does the TDS maintain statistics on
22 the different types of diversion cases that it's
23 working on?

24 A. Not that I'm aware of.

25 Q. Of the investigations that you've

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1 worked on at TDS, how many of those were
2 conducted outside of Summit County?

3 MR. BENNETT: Objection. Vague.

4 A. I don't know off the top of my head.
5 We are responsible for pretty much Mansfield
6 north in Ohio. We have about 30 -- I think it's
7 maybe 32 or 34 counties. And we've had cases
8 all across the northern part of the state. I
9 don't have a number for you.

10 Q. For the ones that you've been the
11 lead agent for, have you -- sorry. I'll get the
12 question out.

13 Have you been the lead agent on an
14 investigation that was focused outside of Summit
15 County?

16 A. I've been a co-lead agent on some
17 that are outside of Summit County.

18 Q. And you've assisted on
19 investigations that are outside of Summit
20 County?

21 A. Yes, sir.

22 Q. Have you worked on investigations
23 that are outside the state of Ohio?

24 A. Yes, sir.

25 Q. Do you know how many?

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1 A. At least three of them, maybe four.

2 Q. What percentage of prescription
3 opioids, diverted prescription opioids, in the
4 city of Akron have been diverted from areas
5 outside the city of Akron?

6 A. I would have no idea or no way of
7 calculating that number.

8 Q. Why not?

9 A. I don't know where pills come from.
10 Just because someone has them, they could have
11 filled them in a pharmacy in Florida. I don't
12 know when I investigate someone -- if they're
13 not cooperating and telling me where they came
14 from, I got no way of determining it myself.

15 Q. If we go back through -- let me make
16 sure -- we talked about doctor shopping
17 investigations, pill mill investigations or lack
18 thereof, counterfeit pills, thefts of
19 prescription medication, improper prescribing.
20 Have I left out any categories of diversion type
21 investigations that you've worked on at TDS?

22 A. Not that I can think of.

23 Q. And then so going back through
24 those, I'd like to find out in general the
25 length of time it takes to conduct an

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1 investigation into these different types of
2 diversion. So starting with doctor shopping, is
3 there either a range or an average length of
4 time it takes to do a doctor shopping
5 investigation?

6 A. It depends how clearcut it is.

7 [REDACTED]
8 [REDACTED]
9 [REDACTED]
10 [REDACTED]
11 [REDACTED]
12 [REDACTED]
13 [REDACTED]
14 [REDACTED]

15 Q. How about for a pill mill
16 investigation?

17 A. I haven't done any pill mill
18 investigations.

19 Q. Do others at TDS work on pill mill
20 investigations?

21 A. We haven't done one in our office
22 that I'm aware of.

23 Q. How about counterfeit pill
24 investigations?

25 A. Those can be somewhat lengthy. We

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1 open and close. [REDACTED] [REDACTED] [REDACTED] [REDACTED]
2 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
3 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
4 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
5 [REDACTED] [REDACTED].

6 Q. How about theft of prescription
7 medication, like you mentioned the arrests of
8 nurses who were in effect self-medicating, I
9 think you said?

10 A. Nurses are normally fairly easy.
11 That's a quick case because the nursing board
12 brings them to me and they have to cooperate
13 with the nursing board -- they can lose their
14 license. So I pretty much get handed that case
15 on a silver platter. Again, couple weeks until
16 it's done.

17 Q. How about the improper prescribing
18 cases?

19 A. Well, those are going to take a lot
20 more time. [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
21 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
22 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
23 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] Some doctor
24 cases take two, three, four years. There's no
25 real timeline of when it has to be done by or

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1 how quickly we do it.

2 Q. Does the length of time -- the types
3 of cases that you're working on at TDS, are
4 those -- the types of diversion cases, is that
5 similar to the kind of diversion cases you
6 worked for --

7 MR. LEDLIE: City of Akron.

8 Q. Thank you -- for the City of Akron
9 before you joined the TDS?

10 A. They are. They're similar,
11 especially the doctor shopper, some of the cases
12 that I've charted on both city and DEA. The
13 only difference would be, with a larger team and
14 more resources, we can work the doctor
15 overprescribing cases, where with the City of
16 Akron it took a lot more time and a lot more
17 resources since it was only me in -- in the
18 unit.

19 Q. But even at TDS, if I -- I want to
20 make sure I understood your testimony correctly.
21 Even at TDS, with all the resources, it can
22 still take multiple years to do an improper
23 prescribing investigation?

24 A. It can.

25 Q. Who at TDS determines the priority

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1 of work?

2 A. Our group supervisor.

3 Q. And who is that today?

4 A. Today it's Hans Charters.

5 Q. And before Mr. Charters it was
6 Ms. Foster?

7 A. Denise Foster, correct.

8 Q. And who at TDS tells you which
9 matters you should be working on?

10 A. My group supervisor, GS.

11 Q. Do you know who gives the GS the
12 priorities for the TDS, for example? Does the
13 GS report to somebody else?

14 A. Well, he's going to report to the
15 RAC, but we -- I don't know that they give
16 direction on what cases to work at that point.
17 We pretty much report to them what cases we're
18 working and how our cases are coming along.

19 Q. Have you ever done an investigation
20 -- at TDS have you ever done an investigation
21 into perceived or potential overprescribing
22 without the use of undercover -- without the use
23 of some sort of surveillance?

24 MR. LEDLIE: Object to the form of
25 the question.

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1 MR. BENNETT: Objection. Scope.

2 You can answer.

3 A. So I don't think you can do any case
4 without some type of surveillance. I'm not sure
5 where you're -- when you threw surveillance in
6 at the end, you changed the question on me. Can
7 you repeat it?

8 Q. So in every case where you've
9 arrested someone -- sorry. All of the doctor
10 shopping investigations have involved
11 surveillance of the suspect?

12 A. No, not doctor shopping cases.

13 Q. So I'm just trying to figure out for
14 an improperly prescribing case, can you do one
15 of those without some sort of surveillance of
16 the target of the investigation?

17 MR. BENNETT: Objection. Scope.

18 You can answer.

19 A. I don't believe you can, no.

20 Q. Have you worked on any -- can you do
21 an improper prescribing case without the use of
22 a -- without help from a medical expert?

23 MR. LEDLIE: Object to the form.

24 MR. BENNETT: Objection. Scope.

25 You are not authorized to disclose

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1 the internal deliberative process of the United
2 States Department of Justice. To the extent you
3 can answer this question based on your personal
4 capacity, you can answer.

5 SPECIAL MASTER COHEN: I think it
6 was a yes or no question.

7 A. So yes, I think you need a medical
8 expert.

9 Q. And you've worked with medical
10 experts before?

11 A. Yes, sir.

12 Q. And you said you reviewed the file
13 from the Dr. Harper case?

14 MR. LEDLIE: Objection. Misstates
15 testimony.

16 A. I did not review the file. I
17 reviewed the sentencing memorandum.

18 Q. And you worked on the Dr. Harper
19 investigation?

20 A. I did.

21 Q. Were you the lead agent?

22 A. I was.

23 Q. And how long did that investigation
24 take?

25 A. Oh, you know, I reviewed it. I

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1 don't remember when he was sentenced. It
2 started in maybe 2010. In 2009 he became -- he
3 was an Ob-Gyn that decided to be a pain
4 management specialist. We started getting
5 complaints shortly after that. So probably at
6 least three or four years it took for that case.

7 Q. And the entire time you were
8 investigating Dr. Harper but before he was
9 arrested, he was prescribing opioids to
10 patients?

11 A. He was, yes.

12 Q. And did you tell any pharmacists
13 during the course of the investigation that you
14 were investigating Dr. Harper?

15 MR. LEDLIE: Object to the form to
16 the extent it reveals sensitive police matters
17 of conversations with pharmacists.

18 MR. BENNETT: And I'll object --

19 Q. Let me rephrase the question, if I
20 may.

21 During the course of the
22 investigation did you send out warnings to
23 pharmacies that they shouldn't fill
24 prescriptions from Dr. Harper?

25 A. [REDACTED]

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1 Q. And did you contact any distributors
2 of medications and say they shouldn't distribute
3 to pharmacies where Dr. Harper might be writing
4 prescriptions?

5 A. [REDACTED]
6 [REDACTED]
7 [REDACTED]
8 [REDACTED]
9 [REDACTED],
10 [REDACTED]; if you think this is an
11 overprescribing physician, it's your name and
12 your reputation and your business that's going
13 to be liable. And that was the extent of it.
14 Let them make the decision whether they felt it
15 was necessary or legal to fill the prescription.

16 Q. Did a pharmacist ever ask you how
17 you define medical prescription for a legitimate
18 medical purpose?

19 MR. BENNETT: Objection. Scope.
20 You can answer.

21 A. No.

22 Q. How do you define legitimate medical
23 prescription for a legitimate medical purpose?

24 MR. BENNETT: Objection. Vague.
25 Scope.

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1 You can answer.

2 A. Again, this is why we need a medical
3 expert when we do these cases, but when you're
4 writing for the holy trinity, and I've got
5 patients from offices that have died from
6 overdoses, I think common sense dictates on some
7 of it that some of the pharmacists should be
8 able to see what the prescriptions are and
9 refuse to fill.

10 Q. I didn't follow writing for the holy
11 trinity.

12 A. Holy trinity was when they're
13 getting 180 oxycodone, 90 methadone and 90 Xanax
14 all from the same doctor every month on the same
15 script, same three scripts.

16 Q. Other than that?

17 MR. LEDLIE: Object to the form.
18 Vague.

19 A. Other than that, what?

20 Q. So I take it you would, in your view
21 the -- well, let me ask it this way: Is the
22 holy trinity -- could that ever be for
23 legitimate medical purposes?

24 MR. BENNETT: Objection.

25 A. Again, I'm not a medical -- I'm not

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1 a doctor. I didn't spend time in medical
2 school. I don't believe it is. Just because
3 the numbers were so high on most of those.
4 Obviously if there's someone at a legitimate
5 cancer treatment center that is suffering, then
6 absolutely. There's definitely areas where the
7 norm is not going to be the norm, where we have
8 to swing the other way, and I absolutely agree
9 with that. These are just -- I'm discussing the
10 Harper case.

11 Q. Yes.

12 A. These are people that didn't have a
13 legitimate need for medication and he continued
14 to write them after they were testing positive
15 for other drugs in their system and they were
16 testing negative for the drugs that he
17 prescribed them to be in their system and still
18 writing the same prescriptions every month for
19 them. That was part of the problem.

20 Q. What's the significance of the
21 testing negative for the drugs that had been
22 prescribed?

23 A. Well, if they're not in your system,
24 you're not taking them, you're either selling
25 them or they're being diverted to someone

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1 they're not supposed to be.

2 Q. We can agree that the pharmacist
3 doesn't have the blood test results for the
4 individual patient?

5 MR. LEDLIE: Objection to the form.
6 Calls for speculation.

7 A. Yes, we can agree the pharmacist
8 doesn't have that information.

9 Q. We can agree that distributors of
10 the pharmaceuticals don't have the medical
11 records of the patients who are being prescribed
12 medications?

13 A. I would agree with that, yes.

14 Q. And neither do the manufacturers of
15 the medications?

16 A. And I would agree with that as well.

17 Q. The Harper case, did that get
18 started on a tip from a pharmacist?

19 MR. LEDLIE: Object to the form of
20 the question and objection to the extent it
21 calls for the divulging of any non-public police
22 investigative techniques.

23 MR. BENNETT: Objection. Scope. I
24 would join counsel.

25 MR. BLOCK: This is a closed case

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1 that has resulted in charges and I'm not asking
2 for a specific person.

3 MR. LEDLIE: You're asking about how
4 he investigated a case, which those facts were
5 never part of the public proceedings in this
6 case and have never been revealed, and so I
7 stand on my objection and instruct the witness
8 not to answer.

9 MR. BENNETT: And I join in the
10 objection.

11 MR. BLOCK: I'd like the Special
12 Master to rule on that, please.

13 SPECIAL MASTER COHEN: I just want
14 to make sure I understand which question it is
15 that we're talking about. Why don't you ask the
16 question again.

17 Q. Did the Harper case get started on a
18 tip from a pharmacist?

19 SPECIAL MASTER COHEN: You can
20 answer that yes or no.

21 A. [REDACTED]
22 [REDACTED]
23 [REDACTED]
24 [REDACTED]
25 [REDACTED]

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1 Q. Did you receive assistance from any
2 pharmacist in connection with the Harper case?

3 MR. BENNETT: Objection. Scope.

4 You are not authorized to disclose
5 confidential sources or information that's not
6 publicly disclosed in the case. To the extent
7 that answer has been publicly disclosed, you may
8 answer.

9 MR. BLOCK: I think I can at least
10 get -- Special Master Cohen, we, as you know,
11 disagree that Touhy has any application here, so
12 I don't fully understand the basis of the
13 instruction, but for purposes of this question,
14 I just want a yes or no.

15 SPECIAL MASTER COHEN: To answer
16 your Touhy point, I understand, I think I agree
17 with you, but I also think that these go to law
18 enforcement privilege regardless of whether he's
19 a federal employee, and, again, I think this is
20 a question you can answer just yes or no.

21 Q. And the question, again, was, did
22 you get assistance from pharmacists in
23 connection with the Harper case?

24 A. [REDACTED]
25 [REDACTED].

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1 Q. Did you seek any assistance from
2 distributors in connection with the Harper case?

3 A. I did not.

4 Q. How about from manufacturers?

5 A. No, sir.

6 Q. Why not?

7 A. Wasn't part of my case.

8 Q. Okay. That answer applies to both
9 distributors and manufacturers?

10 A. Yes, sir.

11 Q. Could you describe, please, your
12 general practice -- if you get a complaint or a
13 tip about perceived diversion, do you have a
14 general practice for following up?

15 A. I mean, I investigate everything
16 that is assigned to me.

17 Q. Okay. And how do -- fair enough.

18 At TDS have you ever used suspicious
19 order reports?

20 A. No, sir.

21 Q. Do you know what a suspicious order
22 report is?

23 A. Yes, sir.

24 Q. What is a suspicious order report?

25 A. That would be mostly handled by the

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1 diversion investigators. If a pharmacist was
2 receiving a lot more medication than maybe per
3 capita, they could be dispensing in an area. If
4 it was mostly numbers, I believe that -- if an
5 area was getting something they shouldn't get,
6 that would alert, red flag diversion.

7 Q. Why don't you use suspicious order
8 reports?

9 A. We have a diversion investigator in
10 our office. If they use them and that's one of
11 the resources they use to refer a case to us,
12 it's very possible. I don't ask them how they
13 come up with all of their information. I just
14 take my part and stay in my lane and do my part
15 of the job.

16 Q. How many of the investigations that
17 you've worked on was assigned to you by a
18 diversion investigator?

19 A. Nothing is assigned to me by a
20 diversion investigator. That would go through
21 the chain of command.

22 Q. Well, do you know whether any of the
23 investigations you've worked on involved
24 something related to -- you know, had input
25 based on suspicious order reports?

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1 MR. LEDLIE: I'm going to object to
2 the form and object to the extent you're asking
3 any questions about any open investigations.

4 MR. BENNETT: I'm going to object.
5 Vague.

6 MR. BLOCK: I'm following up on the
7 prior --

8 SPECIAL MASTER COHEN: They haven't
9 instructed him not to answer. They're just
10 lodging form investigations. You can answer.

11 A. I believe they have. I couldn't
12 give you a number or how many, but I know that's
13 part of the information gathering during the
14 investigation that determines whether we would
15 follow up on a case or open a case.

16 Q. What sort of cases do you believe --
17 what sort of investigations do you believe
18 suspicious order reports have been used for?

19 MR. BENNETT: Objection. Scope.
20 You can answer.

21 A. Pharmacy investigations.

22 Q. What do you mean by that?

23 A. Whether a particular pharmacy is
24 overprescribing or filling prescriptions they
25 shouldn't.

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1 Q. Any other types of investigations?

2 A. I don't use that data. I'd be
3 guessing.

4 Q. That's what I'm trying to make sure
5 you don't do.

6 So have you worked on any -- I think
7 that's a type of investigation that we haven't
8 talked about yet. Have you, Detective Leonard,
9 worked on any pharmacy investigations at TDS?

10 A. Yes.

11 Q. How many?

12 THE COURT REPORTER: I'm sorry?

13 MR. BENNETT: He can answer yes or
14 no to the last question. He looked at me for
15 instruction. This next question --

16 Q. How many pharmacy investigations
17 have you worked on?

18 MR. BENNETT: You can answer that
19 question.

20 A. I'm currently working one.

21 Q. Have you worked on any before?

22 A. I guess I've got to clarify in my
23 head. I've worked on a lot of investigations
24 where I've arrested pharmacy technicians, I've
25 arrested pharmacists, but in those, even though

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1 they were partially in my mind pharmacy
2 investigations, I wasn't investigating the
3 pharmacy per se. So I just want to make clear
4 on your question what you're looking for.

5 Q. Sure. Well, I'm following up based
6 on your answers, but let's see if we can unpack
7 this.

8 The prior cases that you worked on
9 involving pharmacists, was that where the
10 pharmacist was maybe self-dealing?

11 A. You know, either theft for
12 medication himself, or a current one that has
13 just been indicted in Summit County for
14 trafficking, supplying medication to his
15 girlfriend, so normally it's either theft or
16 trafficking.

17 Q. And then I think you were also
18 talking about a kind of investigation into a
19 pharmacy where the pharmacy was, if I followed
20 you, filling too many prescriptions?

21 MR. BENNETT: Objection. Scope.

22 I think his answer was that he had
23 done a pharmacy investigation, I don't think he
24 gave any of the specifics of that investigation,
25 and I would instruct that he's not authorized to

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1 disclose any specific investigation or
2 activities into pharmacies. So your question as
3 far as what he was investigating the pharmacy
4 for is beyond the scope of his authorization and
5 would reveal confidential law enforcement
6 investigations.

7 SPECIAL MASTER COHEN: Why don't you
8 go ahead and answer and see how far we get.

9 THE WITNESS: That's currently an
10 open investigation.

11 MR. BLOCK: And, Special Master, I'm
12 referring to the prior answer, which is -- the
13 witness said pharmacy investigations; he means
14 whether a particular pharmacy is overprescribing
15 or filling prescriptions they shouldn't, and I'm
16 trying to figure out if he's worked on one of
17 those.

18 A. [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] --

22 MR. BENNETT: Objection. Stop.

23 Special Master Cohen, may we speak
24 with you ex-parte in camera about this issue?

25 SPECIAL MASTER COHEN: We may have

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1 to do that, but let me see if we can get past it
2 without it. I want you to start asking other --
3 let's see how far we get. Ask a different
4 question because I'm not sure exactly where we
5 are.

6 MR. BENNETT: And Special Master
7 Cohen, we are going to request that portions of
8 this transcript be marked highly confidential,
9 attorney eyes' only, regarding the questions
10 regarding distributors and regarding active
11 investigations of pharmacies and whether it's
12 the parties to this case.

13 MR. BLOCK: I think that's the way
14 around a law enforcement investigation, too,
15 Your Honor.

16 SPECIAL MASTER COHEN: Maybe.

17 Q. Setting aside any active
18 investigations on which you are currently
19 working at TDS, have you at TDS ever worked
20 previously on a pharmacy investigation, your
21 definition, a pharmacy that was overprescribing
22 or overfilling?

23 A. No, sir.

24 Q. Do you use ARCOS data in your work
25 at TDS?

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1 A. I do not. I had an ARCOS password
2 at one point several years ago. I have not used
3 it, no.

4 Q. When you had the password, did you
5 ever use it in connection with investigations?

6 A. [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

10 Q. In the course of investigations with
11 the DIs -- that's the diversion investigators?

12 A. [REDACTED]

13 Q. So in the course of investigations
14 that you work on, do you ever go to DIs and ask
15 them to do something with ARCOS to help you in
16 the investigation?

17 A. [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

23 Q. What was Dr. [REDACTED] charged with?

24 A. Trafficking. I'm not sure if it was
25 possession of drugs. He had multiple charges.

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1 Q. To the layman, what was he doing
2 wrong?

3 A. Well, he wasn't keeping any --
4 MR. BENNETT: Objection.
5 You can answer.

6 A. He wasn't keeping proper records, no
7 dispensing records, so where the pills went
8 wasn't where they were supposed to go.

9 Q. What kind of doctor was Dr. [REDACTED]

10 A. I'm not sure if he was an M.D. or a
11 D.O.

12 Q. And where was his office?

13 A. [REDACTED]
14 [REDACTED]
15 [REDACTED]
16 [REDACTED]

17 Q. Were you the lead investigator in
18 the Heim case?

19 A. No, sir, I was not.

20 Q. Lead agent?

21 A. I'm not an agent. I'm a task force
22 officer. So it could be either way.

23 Q. Who was the lead?

24 A. I believe that was -- Diversion
25 Investigator Brinks was the lead on that one.

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1 Q. Do you know how long the [REDACTED]
2 investigation took?

3 A. No, sir, I don't.

4 Q. Was it years?

5 A. I don't know.

6 Q. Do you know where Dr. [REDACTED] was
7 getting the medication from?

8 A. I may have at the time, but I don't
9 at this point.

10 Q. Do you know of anyone at TDS that
11 uses ARCOS data other -- how many diversion
12 investigators are on the TDS?

13 A. One.

14 Q. Do you know of anyone else on the
15 TDS that uses ARCOS data other than the
16 diversion investigator?

17 A. I believe some of the agents do.

18 Q. Do you know what for, generally what
19 they use it for?

20 A. The same things the DIs use it for,
21 intelligence gathering.

22 Q. Why are there some agents that use
23 it but you don't?

24 MR. LEDLIE: Object to the form.

25 A. I haven't had a case where I've

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1 needed to use it.

2 Q. What would a kind of case be that
3 would require the use of ARCOS data?

4 A. Well, if I was the lead on one of
5 those doctor cases, then I may need to use it.
6 Being a co-lead or an assist on it, the lead
7 agent was using it so I didn't need to log in to
8 get that information.

9 Q. OARRS, do you use OARRS in your work
10 at TDS?

11 A. I do.

12 Q. Can you say generally what you use
13 OARRS for?

14 A. OARRS is used for one of two things.
15 You can run patient profiles through OARRS or I
16 can run physician OARRS. Physician OARRS will
17 give me a list of all the physician's patients
18 and what he's prescribed to them in the past two
19 years.

20 Q. And at a general level, you can use
21 that to look for patterns of things that look
22 odd?

23 A. I can at a general level, but you're
24 not allowed to use it as a fishing expedition.
25 You have to have merit and probable cause to be

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1 running a physician's OARRS, so something else
2 is going to lead up to me having enough
3 suspicion that I can run an OARRS on a
4 physician.

5 Q. At a general level, what does it do
6 for you with respect to patients?

7 A. [REDACTED]
8 [REDACTED] r
9 [REDACTED]
10 [REDACTED]
11 [REDACTED]
12 [REDACTED]
13 [REDACTED]
14 [REDACTED]
15 [REDACTED].

16 Q. Is OARRS helpful for you in terms of
17 your work at TDS?

18 MR. BENNETT: Objection. Vague.
19 You can answer.

20 A. It is.

21 Q. Would your job be harder if you
22 didn't have OARRS?

23 MR. BENNETT: Objection. Vague.

24 A. It would be more time-consuming.
25 Prior -- when I was a detective working

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1 prescription medication prior to OARRS, then I
2 would have to go to every single pharmacy, get a
3 patient profile, print it out from the
4 pharmacist, take it back to my office and enter
5 it into an Excel spreadsheet, and that's when
6 doctor shopper cases took me a month instead of
7 a couple weeks.

8 Q. So OARRS has increased the speed
9 with which you can resolve doctor shopping
10 cases?

11 A. It's increased the speed we can do
12 anything. It makes the data readily available.

13 Q. Have you ever determined the total
14 number of opioids that are prescribed to the
15 residents of the City of Akron?

16 A. No.

17 Q. Or Summit?

18 A. No, sir.

19 Q. Or Cuyahoga County?

20 A. No, sir.

21 Q. Why not?

22 A. That would be -- for one, it would
23 be something that I don't know that I would ever
24 need to do that, and it would be, I would think,
25 almost an impossible feat to run every -- I'd

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1 have to run every physician in Summit, in
2 Cuyahoga County, and, one, I'm not authorized to
3 run physicians that aren't under my scope of an
4 investigation, so I would be violating OARRS by
5 running all those people.

6 Q. At any of your investigations at TDS
7 have you worked with the Ohio Medical Board?

8 A. Yes.

9 Q. How many times?

10 A. It would be a guess. Eight to ten.

11 Q. Is there a particular type of
12 investigation on which you work with the Ohio
13 Medical Board as opposed to others?

14 A. Normally it would be a physician.

15 Q. So that would be an overprescribing
16 investigation or other types as well?

17 A. It could be any type of physician
18 investigation.

19 Q. Are there ever investigations of
20 physicians where you don't work with the Ohio
21 Medical Board?

22 A. Yes.

23 Q. What's the distinguishing factor?

24 A. One might be whether they bring us
25 the case or not. If we determine we need their

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1 assistance, we would call and ask for their
2 assistance.

3 Q. Do you know how many of the
4 investigations you've -- you, Detective Leonard,
5 have worked on at TDS involving physicians have
6 been brought to your attention by the Ohio
7 Medical Board?

8 A. I do not know.

9 Q. Does the Ohio Medical Board bring
10 cases to the attention of TDS?

11 A. Yes.

12 Q. Is that a common occurrence?

13 MR. BENNETT: Objection. Vague.

14 A. It's happened a couple times in my
15 seven and a half years with the TDS.

16 Q. How would you describe your working
17 relationship with the Ohio Medical Board?

18 MR. BENNETT: Objection. Scope.

19 You can answer.

20 A. Good.

21 Q. Should the board be bringing more
22 cases to your attention?

23 MR. BENNETT: Objection. Scope.

24 It's outside the scope of your
25 authorization. You're not answering on behalf of

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1 DEA. You may answer in your personal or Akron
2 capacity.

3 A. I guess -- I don't know. I assume
4 that -- and assuming gets me in trouble -- they
5 brought all their cases -- if they need
6 assistance, they come to us, the same as we
7 would go to them. There's a reciprocation
8 there.

9 Q. Is the Ohio Medical Board, in your
10 view, proactive enough in terms of investigating
11 potential doctor misconduct related to
12 prescription opioids?

13 MR. BENNETT: Objection. Scope.

14 Same instructions as before. In
15 addition, you're not authorized to disclose any
16 non-public information in forming your opinions.
17 To the extent that you have an opinion based on
18 public information or information you acquired
19 outside of your work at DEA, you may answer.

20 A. All of my opinions are based on my
21 work, so I don't believe I'm allowed to answer
22 that.

23 MR. BLOCK: Well, then I guess I
24 need a ruling on that objection because it's not
25 law enforcement privilege, so I don't know what

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1 the basis for the objection or the limitation
2 is.

3 MR. LEDLIE: I would object in part
4 on law enforcement privilege.

5 MR. BENNETT: I would indicate that
6 under the authorization letter, he's not
7 authorized to form opinions as a task force
8 officer on non-public facts or information.
9 You've asked him to -- in his view, whether the
10 medical board is proactive enough. To the
11 extent that he has information he's acquired as
12 a task force officer that's not public
13 information, he wouldn't be able to use that as
14 the basis for his opinion. That was my
15 instruction.

16 SPECIAL MASTER COHEN: You can
17 answer that yes or no again.

18 Q. The question is whether the Ohio
19 Medical Board has been proactive enough in
20 investigating misconduct by doctors related to
21 prescription opioids.

22 A. I don't know what all they
23 investigate. They don't share their
24 investigation techniques with us or who they
25 have investigated. When we have worked with

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1 them, it has been positive. Like I said, I
2 don't know how many other doctors they
3 investigate because they don't report to us, so
4 for me to form an opinion on whether they're
5 proactive enough, I don't have enough
6 information to make that decision.

7 Q. You said they've been cooperative
8 when you've worked with them. In the cases in
9 which you've worked with the Ohio Medical Board,
10 have you gone to the board and said I need your
11 help with something?

12 MR. LEDLIE: Object to form.
13 Misstates testimony.

14 A. We have.

15 Q. Have there been cases where it's
16 been the board coming to you and saying we need
17 help with something?

18 A. Yes, sir.

19 Q. And you said that was a couple of
20 times?

21 A. Yes, sir.

22 Q. So more often than not when you work
23 with the board, it's at your initiative?

24 A. No. It's probably 50/50.

25 Q. 50/50 of the eight to ten

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1 investigations over your time at TDS?

2 A. Correct.

3 Q. We're going to do the same thing.
4 We're going to talk about the Ohio Board of
5 Pharmacy.

6 While at TDS have you had any
7 investigations in which you've worked with the
8 Ohio Board of Pharmacy?

9 A. I have.

10 Q. How many?

11 A. This goes back -- you know, that's
12 more than with the medical board, so probably at
13 least a dozen or so of those cases involve the
14 pharmacy board.

15 Q. And is there a particular type of
16 diversion case where you've worked with the
17 pharmacy board, you know, doctor shopping versus
18 theft versus counterfeit pills?

19 A. Well, I -- to give you an example,
20 this past pharmacist that I arrested, I did all
21 that I could do for the investigation and I came
22 to a dead end. I [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

23 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

24 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

25 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

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1 [REDACTED] [REDACTED] [REDACTED] [REDACTED]

2 Q. And this was an individual who was
3 cribbing from the shelf I'm guessing?

4 A. Taking whatever he wanted.

5 Q. And so that would be a theft type of
6 diversion case?

7 A. It was a theft and a trafficking.

8 Q. Because he would take it and then he
9 would sell it?

10 A. Yes, sir.

11 Q. And has the pharmacy board ever
12 brought cases to your attention and asked for
13 your help in working them?

14 A. Yes, sir.

15 Q. How many times has that happened?

16 A. Some of those doctor shopper cases,
17 the board would send me information. The board
18 has helped us on -- they've helped us in other
19 cases. I just can't think of some of the
20 different cases they've helped us on. I
21 assisted writing a search warrant for the Board
22 of Pharmacy for a case in Cuyahoga Falls and I
23 can't think of the name of the doctor's office
24 that we were working on.

25 Q. In your view, has the Board of

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1 Pharmacy been proactive in trying to combat
2 diversion of prescription opioids?

3 MR. BENNETT: Objection. Scope.
4 Vague.

5 Same instructions.

6 A. On the cases I've worked with them
7 on, yes, they've been proactive.

8 Q. And on the cases you've worked on
9 with them, some of those have been cases where
10 you have gone to the board and said I need your
11 help with something?

12 A. Correct.

13 Q. And you don't know whether the board
14 was even aware of the issue before you went to
15 them and said I need your help?

16 MR. LEDLIE: Object to the form.
17 Calls for speculation.

18 A. On the last one they were not aware
19 of it. I brought the information to them.

20 Q. Has there been any change in the
21 level -- you've been at TDS for how many years
22 now?

23 A. Since February of 2012, over seven
24 years.

25 Q. Has there been any improvement on

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1 the level of cooperation from the Ohio Medical
2 Board -- I'm going back to the medical board --
3 over time while you've been at TDS?

4 MR. BENNETT: Objection. Vague.

5 A. I think we've always had good
6 cooperation. I don't know better or worse.

7 Q. Same question for the Board of
8 Pharmacy?

9 MR. BENNETT: Same objection.
10 Vague.

11 A. Probably the same answer. I've been
12 working with some of these people for 20 years,
13 so there's been an established relationship.

14 Q. So some of these folks you worked
15 with prior to TDS when you were a City of
16 Akron --

17 A. Detective.

18 Q. The drug unit or --

19 A. No. I was a detective in the
20 diversion unit.

21 Q. Diversion unit. Thank you.

22 Have you worked with the FBI in
23 connection with any investigations at TDS?

24 MR. BENNETT: Objection. Scope.

25 You may answer that question yes or

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1 no only.

2 A. Yes.

3 Q. How many times?

4 MR. BENNETT: Objection. Scope.

5 You can answer.

6 A. Maybe three or four times.

7 Q. In terms of the type of diversion
8 cases, is there a type of diversion case where
9 the FBI gets involved?

10 MR. BENNETT: Objection. Vague.

11 A. We had an FBI agent as a member of
12 our task force. He recently retired. So for
13 four years he was part of our task force. He
14 brought information as well. So even if it was
15 opened as a DEA case, we worked together on some
16 of them.

17 Q. What period of time was there an FBI
18 agent on the TDS?

19 A. I've had two different ones, so
20 maybe four or five years out of the seven.

21 Q. Is there an FBI agent on the TDS
22 now?

23 A. No. He recently retired, last fall.

24 Q. When you said you worked with the
25 FBI on maybe three occasions, were you talking

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1 about the agent at TDS?

2 A. No. I was talking about the
3 Dr. Harper case. The FBI got involved in that
4 towards the end. And then some other cases with
5 that agent.

6 Q. And why did the FBI get involved in
7 the Dr. Harper case?

8 MR. BENNETT: Objection. Scope.

9 You're not authorized to disclose
10 the internal deliberative process of the
11 Department of Justice, you're not authorized to
12 disclose confidential law enforcement
13 investigative techniques, the effectiveness of
14 which would be impaired, and you're not
15 authorized to disclose specific DEA activities
16 that are non-public. To the extent you can
17 answer, you may.

18 THE WITNESS: Can I ask him a
19 question real quick?

20 MR. BENNETT: Can we step out for a
21 minute?

22 SPECIAL MASTER COHEN: That's fine.

23 (Short recess had.)

24 MR. BENNETT: Thank you for letting
25 us confer with the witness. After talking

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1 through the answer with the witness, he is
2 authorized to answer the question, so you can
3 provide the information we discussed.

4 A. The question with working with the
5 FBI, there was a -- as part of the Harper
6 investigation, there was a task force for
7 Medicare/Medicaid fraud and the FBI was part of
8 that task force. Dr. Harper was also convicted
9 of Medicare/Medicaid fraud and I worked with the
10 FBI on that case.

11 MR. BLOCK: Why don't we take our
12 morning break for this deposition now.

13 MR. BENNETT: Can I ask what the
14 schedule is for the day for the three witnesses?

15 MR. BLOCK: Let's go off the record.

16 (Recess had.)

17 Q. I want to go back to the Dr. Harper
18 case for a second.

19 Were any of the prescriptions that
20 Dr. Harper was writing over the course of the
21 time that he was being investigated valid
22 prescriptions?

23 MR. BENNETT: Objection. Vague.
24 Objection. Calls for a medical conclusion.

25 Q. You may answer.

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1 A. I don't believe they were, no.

2 Q. Every single one of them?

3 A. Yes.

4 Q. Have you ever investigated doctors
5 who were writing some prescriptions you thought
6 were valid and others you thought were invalid?

7 A. Gosh, I don't know how --

8 Q. Let's unpack that for one second.
9 How do you define an invalid
10 prescription --

11 MR. LEDLIE: Objection.

12 Q. -- from a doctor?

13 MR. LEDLIE: Object to the form to
14 the extent it calls for the revealing of any
15 investigative techniques or sensitive police
16 matters.

17 MR. BENNETT: Same objection.

18 A. By definition, it has to have a
19 medical purpose.

20 Q. Have you ever been investigating
21 doctors who were prescribing some medications to
22 patients for a medical purpose and others where
23 you thought there was no medical purpose to the
24 prescription?

25 A. I would think, yes, probably. Part

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1 of the investigation, though, is we're focusing
2 on the illegal prescriptions. I'm not analyzing
3 and critiquing all the patient files and records
4 that may or may not be legitimate or
5 illegitimate.

6 Q. Following that up, there may have
7 been some patients seeing Dr. Harper who had
8 legitimate medical needs and were taking the
9 medication that he prescribed and it was helping
10 them with their medical needs. Is that right?

11 MR. LEDLIE: Objection to the form.

12 MR. BENNETT: Objection. Calls for
13 speculation. Objection. Scope.

14 You can answer.

15 A. I don't believe so. Maybe when he
16 was an Ob-Gyn, he was -- once he switched to
17 pain management, no.

18 Q. And why do you say that?

19 MR. BENNETT: Objection. Scope.

20 You can answer.

21 A. [REDACTED]
22 [REDACTED]
23 [REDACTED]
24 [REDACTED]
25 [REDACTED]

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1 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

2 [REDACTED] So no, I don't believe any of
3 Dr. Harper's patients, once he became a pain
4 management physician, quote, unquote, were
5 legitimate.

6 Q. How about Dr. [REDACTED]; were any of
7 Dr. [REDACTED]'s prescriptions legitimate?

8 MR. BENNETT: Objection. Vague.
9 Objection. Scope.

10 You can answer.

11 A. [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
12 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
13 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
14 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
15 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
16 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
17 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
18 [REDACTED] [REDACTED].

19 Q. And Dr. [REDACTED], is it [REDACTED]?

20 A. [REDACTED] or [REDACTED].

21 Q. However it's spelled. He was
22 registered with the DEA?

23 A. He had a DEA registration.

24 Q. Which allowed him under the law to
25 have scheduled substances delivered to his

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1 office, right?

2 MR. LEDLIE: Objection to form.

3 MR. BENNETT: Objection. Calls for
4 a legal conclusion.

5 A. Yes, sir.

6 Q. Have you ever opened an
7 investigation based solely -- into a
8 physician -- well, let me rephrase it. I'll
9 make it even more general.

10 Have you ever started an
11 investigation related to diversion based solely
12 on the volume of prescriptions being written?

13 A. I personally have not, no.

14 Q. Have you ever started an
15 investigation related to diversion based solely
16 on the volume of prescription opioids being
17 dispensed?

18 MR. BENNETT: Objection. Scope.

19 A. No. There's always more factors
20 that are looked at before an investigation is
21 opened.

22 Q. Volume alone can't tell you that
23 something is necessarily wrong?

24 MR. LEDLIE: Object to form.

25 MR. BENNETT: Objection. Scope.

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1 You can answer.

2 A. No.

3 Q. In any of your investigations at TDS
4 have you worked with the IRS?

5 A. I don't think so.

6 Q. How about local law enforcement?

7 A. Yes.

8 Q. And is local law enforcement always
9 cooperative with TDS?

10 MR. BENNETT: Objection. Vague.

11 A. Yeah. I think it's just based on --
12 you know, in my dealings with local law
13 enforcement, because I am local law enforcement,
14 I have a good rapport with most individuals, so
15 yeah, I think our communication and our
16 cooperation is pretty good with local law
17 enforcement.

18 Q. Let me just probe that a little bit
19 because I watch TV and I see these shows,
20 they're on my turf and stuff. So if you're
21 doing an investigation outside of Akron, maybe
22 somewhere where you don't regularly work, have
23 you ever got the vibe that people weren't
24 thrilled that the task force was there?

25 MR. BENNETT: Objection. Vague.

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1 Objection. Scope.

2 You can answer.

3 A. No. Normally what I like to do is
4 reach out to whatever department it is, if
5 possible, and bring one of them on board and
6 say, Hey, listen, we're going to be working this
7 in your area, can you supply somebody to assist
8 us, or at least let them know we're there. We
9 don't always do that, but it's beneficial when
10 we do.

11 - - - - -
12 (Thereupon, Leonard Deposition
13 Exhibit 30, E-Mail String Beginning
14 Bates Number AKRON_000368859, was
15 marked for purposes of
16 identification.)

17 - - - - -
18 Q. I hand you what has been marked as
19 Leonard Exhibit 30. This is an e-mail with an
20 attachment. It bears Bates label
21 AKRON_000368859 through 368861. And the e-mail
22 is -- I think the original e-mail is dated May
23 5th, 2015.

24 Detective Leonard, do you recognize
25 the e-mail?

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1 A. It's an e-mail sent to me from
2 Courtney Janish, who was our administrative
3 assistant in the DEA diversion unit -- or in the
4 DEA TDS.

5 Q. And you asked Ms. Janish to send you
6 a copy of a draft DEA-6.

7 Do you see that? That's the second
8 entry.

9 A. Yes.

10 Q. What's a DEA-6?

11 MR. BENNETT: Objection. Scope.
12 You can answer.

13 A. It's a confidential report, details
14 of the case.

15 Q. Generally what is it used for?

16 A. Prosecution.

17 Q. And then the last page of this
18 document, is that the DEA-6 that you -- do you
19 know what the last page of this document is?

20 A. No, but it's definitely not a DEA-6.

21 Q. Do you recognize the last page of
22 this document?

23 A. I do not.

24 Q. A mystery perhaps. We'll continue.

25 A. It looks like something possibly

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1 from the Harper case.

2 Q. Why do you say that?

3 A. [REDACTED]
4 [REDACTED]
5 [REDACTED]
6 [REDACTED]
7 [REDACTED],
8 [REDACTED].

9 Q. The facts here seem consistent to
10 you with some of what was going on in the Harper
11 case?

12 A. Yes, sir.

13 Q. All right. What does it mean with
14 the -- do you understand what top 25 patient
15 names means?

16 A. Yes.

17 Q. What's that mean?

18 A. [REDACTED]
[REDACTED]
[REDACTED] --

21 MR. BENNETT: I'll stop you.

22 Detective Leonard, I'm going to
23 object based on scope. You're not authorized to
24 disclose confidential law enforcement
25 investigative techniques.

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1 MR. BLOCK: Special Master Cohen,
2 may I have a ruling on that objection because I
3 think he's just instructed him not to answer?

4 MR. BENNETT: I don't know if he
5 said that it is a confidential technique. I'm
6 not sure what he's talking about. So maybe I
7 can step out and speak to the witness.

8 SPECIAL MASTER COHEN: If you can
9 answer the question without revealing
10 confidential law enforcement techniques, then
11 you should.

12 THE WITNESS: [REDACTED]
[REDACTED]
[REDACTED]

15 MR. LEDLIE: Move to strike his
16 answer based on law enforcement privilege.

17 SPECIAL MASTER COHEN: I'm going to
18 let that stand. Maybe why don't you try to ask
19 a different question.

20 MR. BLOCK: I think in the interest
21 of time, I'll move on. Thank you, Special
22 Master Cohen.

23 Q. Dr. Harper, did he have a DEA
24 registration?

25 A. He did.

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1 Q. Did he have a DEA registration the
2 entire time he was being investigated?

3 A. I believe so, yes.

4 Q. At the outset when I asked you --
5 (Interruption.)

6 Q. After I so rudely interrupted
7 myself, at the beginning I was asking you about
8 opioids and you were asking me how we are
9 defining fentanyl. Do you remember?

10 A. Yes. Back in the beginning, yes.

11 Q. Have you worked at any
12 investigations at TDS involving fentanyl?

13 MR. BENNETT: Objection. Scope.
14 You can answer that yes or no.

15 A. Yes.

16 Q. Is that prescription fentanyl or
17 fentanyl that's coming in like -- for lack of a
18 better term, illicit fentanyl that's not
19 manufactured by a licensed manufacturer?

20 MR. BENNETT: Objection. Scope.
21 You can answer.

22 A. Both. Some of the investigations
23 started as manufactured fentanyl and ended up
24 being illicit, some were illicit, and some of
25 the investigations -- one of the investigations,

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1 [REDACTED], started as a
2 prescription oxycodone investigation and ended
3 up as an illicit fentanyl case.

4 Q. Did the fake oxycodone tablets have
5 fentanyl in them?

| | |
|---|-------------------|
| 6 | A. Yes, they did. |
|---|-------------------|

7 Q. And can we agree that this -- it was
8 like illicit fentanyl, right?

9 MR. BENNETT: Objection.

10 Q. It wasn't fentanyl purchased from a
11 licensed manufacturer of fentanyl here in the
12 United States?

13 MR. BENNETT: Objection. Vague.
14 Objection. Mischaracterizes testimony.

15 Q. You may answer.

16 MR. BENNETT: Yes, you can answer.

17 A. Yes, it was illicit.

18 Q. And do you know whether it came to
19 the U.S. from outside the country?

20 MR. BENNETT: Objection. Scope.

21 You're not authorized to disclose
22 specific DEA investigations or activities that
23 are not public. To the extent the answer to
24 that question is publicly known, you may answer.

25 A. The interview with the suspect is

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1 not public information.

2 Q. Has there been an arrest made in
3 that case?

4 A. Yes.

5 Q. Has the criminal case been -- is it
6 still pending?

7 A. No. It's closed. He pled guilty
8 and is serving time in a federal penitentiary.

9 MR. BENNETT: Then I think you can
10 answer that question. If it's closed and he was
11 convicted, then you can answer a question, so I
12 withdraw my objection to answering that specific
13 question, where it came from.

14 A. Okay. The suspect said that the
15 fentanyl came from Mexico.

16 Q. And can we agree that fentanyl
17 coming into the country from outside the United
18 States is at least part of the opioid -- let me
19 make sure I got the terms correct as you used
20 them from the prior deposition. Is there an
21 opioid epidemic presently in your view,
22 Detective Leonard?

23 A. Yes.

24 Q. And is there an opioid crisis
25 presently?

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1 A. Well, a crisis comes before an
2 epidemic I think, so yeah, we've already passed
3 crisis. We're still at the epidemic.

4 Q. Can we agree that illicit fentanyl
5 is part of the opioid epidemic?

6 A. Yes.

7 Q. And do you know whether there are
8 drug trafficking organizations that traffic
9 diverted prescription opioids into northeast
10 Ohio or within northeast Ohio?

11 A. I'm sorry. Can you say it again?

12 Q. Right.

13 Do you know whether there are drug
14 trafficking organizations that traffic diverted
15 prescription opioids in northeast Ohio?

16 MR. BENNETT: Objection. Scope.

17 You can answer that yes or no.

18 A. Yes.

19 Q. Can we agree that the activities of
20 those drug trafficking organizations are part of
21 the reason for the opioid epidemic?

22 MR. LEDLIE: Object to the form.

23 A. Yes.

24 Q. And those drug trafficking
25 organizations are -- some of them are getting

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1 those diverted prescription opioids from outside
2 northeast Ohio and bringing them into northeast
3 Ohio?

4 MR. BENNETT: Objection. Scope.

5 You can answer that question yes or
6 no only.

7 A. Yes.

8 Q. Some of them are getting diverted
9 prescription opioids from outside the United
10 States and getting them into northeast Ohio?

11 MR. BENNETT: Objection. Scope.

12 You can answer that question yes or
13 no only if you know.

14 A. I don't know the answer to that
15 question.

16 Q. The counterfeit pills are part of
17 the opioid epidemic?

18 MR. LEDLIE: Object to the form.

19 A. Yes.

20 Q. And some of those counterfeit pills
21 come from outside of northeast Ohio and are
22 brought into northeast Ohio?

23 MR. LEDLIE: Objection. Misstates
24 testimony.

25 A. Yes.

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1 MR. BENNETT: Objection. Scope.

2 You can answer yes or no.

3 Q. And some of those counterfeit pills
4 come from outside of the United States into the
5 U.S. and eventually to northeast Ohio?

6 MR. BENNETT: Objection. Scope.

7 You can answer if you know.

8 A. Yes.

9 Q. And these counterfeit pills -- a
10 licensed manufacturer of prescription opioids is
11 not involved in the making of counterfeit pills;
12 can we agree on that?

13 MR. LEDLIE: Object to the form of
14 the question.

15 MR. BENNETT: Objection. Scope.

16 A. Yes.

17 Q. And we can agree that licensed
18 distributors of medications are not involved in
19 the -- with counterfeit pills, at least not
20 knowingly?

21 MR. LEDLIE: Objection. Vague.

22 MR. BENNETT: Objection. Scope.

23 A. Yes.

24 Q. And we can agree that licensed
25 pharmacies are not intending to be distributing

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1 or dispensing counterfeit pills?

2 MR. BENNETT: Objection. Scope.

3 You can answer.

4 A. Yes.

5 Q. And we can agree that licensed
6 manufacturers are not selling medications
7 directly to drug trafficking organizations?

8 MR. LEDLIE: Object to the form of
9 the question.

10 MR. BENNETT: Objection. Scope.

11 A. Not that I'm aware of.

12 Q. And licensed distributors are not
13 distributing medications directly to drug
14 trafficking organizations?

15 MR. BENNETT: Objection. Scope.

16 A. Not that I'm aware of.

17 Q. Licensed pharmacies, are licensed
18 pharmacies dispensing medications directly to
19 drug trafficking organizations?

20 MR. BENNETT: Objection. Scope.

21 You're not authorized to disclose
22 any specific DEA investigations or activities.

23 A. Not that I'm aware of.

24 Q. Can we agree that heroin is part of
25 the opioid epidemic?

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1 A. Yes.

2 Q. And licensed manufacturers do not
3 manufacture heroin?

4 A. Correct.

5 Q. And licensed distributors do not
6 distribute heroin?

7 MR. LEDLIE: Object to the form of
8 the question.

9 A. Correct.

10 Q. And licensed pharmacies do not
11 dispense heroin?

12 MR. LEDLIE: Object to the form of
13 the question. Vague as to time.

14 A. Not that I'm aware of.

15 Q. And --

16 A. Can we go back to -- when it comes
17 to the fake prescriptions, they're making them
18 to look like 30 milligram and 15 milligram
19 oxycodone, so people on the street that are
20 buying those fake pills are under the impression
21 that they're buying manufactured legitimate
22 medications. They don't know they're buying
23 fentanyl. So they're buying those thinking
24 they're getting oxycodone, which is what they
25 want, and they're not getting that medication,

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1 so that -- I don't know if that clears up or --
2 even though they may not be the product made by
3 -- they think they're buying your product --
4 they think they're buying that product that came
5 from legitimate sources.

6 Q. Well, they think they're buying it
7 from somebody on the street as opposed to going
8 to a doctor and getting a prescription and going
9 to a pharmacy to get it filled?

10 A. And they're thinking that that
11 person went to the pharmacy and got it filled
12 and now they're selling their prescriptions.

13 Q. And can we agree that someone who is
14 buying prescription medication on the street not
15 via prescription and not from a licensed
16 pharmacist, they're contributing to the opioid
17 epidemic?

18 MR. LEDLIE: Object to the form of
19 the question.

20 MR. BENNETT: Objection. Vague.

21 A. Yes.

22 Q. That's a crime?

23 A. It is.

24 Q. That's a crime that you investigate?

25 A. It is.

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1 Q. The drug trafficking organizations,
2 that's been going on for -- you were aware when
3 you were -- prior to your time at TDS you were
4 aware that there were drug trafficking
5 organizations trafficking prescription opioids
6 in northeast Ohio?

7 A. Yes.

8 Q. Were you aware of illicit fentanyl
9 prior to your time at TDS? I'm just trying to
10 get a sense for how long this has been going on.

11 A. I don't -- it wasn't a red flag
12 problem. I don't know that there was illicit
13 fentanyl investigations that I did prior to
14 2012. I can't be --

15 Q. When is the first illicit fentanyl
16 investigation you remember doing?

17 A. It was at DEA. I knew -- there were
18 some that I didn't do that were going on in my
19 office that some of the detectives that handled
20 the heroin death investigations were doing
21 probably in that, guessing, maybe '14, '15. I'm
22 not sure of exact years when they started
23 investigating illicit fentanyl.

24 Q. Have you done any investigations
25 into carfentanil?

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1 MR. BENNETT: Objection. Scope.
2 You can answer that question yes or
3 no only.

4 A. Yes.

5 Q. Is that while at TDS?

6 A. Yes.

7 Q. And carfentanil, is that a
8 prescription opioid?

9 A. I believe it is for elephants. I
10 believe there is a legitimate prescription for
11 that, legitimate need for that medication.

12 Q. But it's not something where a
13 patient can go to a doctor and get a
14 prescription for carfentanil?

15 A. Not that I'm aware of.

16 Q. And it's not something that a
17 pharmacy can fill for a patient?

18 A. No, sir.

19 Q. How many carfentanil investigations
20 have you worked on at TDS?

21 MR. BENNETT: Objection. Scope.
22 You can answer if you know.

23 A. I believe it came up in one
24 investigation.

25 Q. And did the carfentanil come to the

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1 United States from outside the United States?

2 A. I don't know.

3 Q. Was there an arrest made in that
4 investigation?

5 A. Yes.

6 Q. Was there a conviction?

7 A. I believe it's still pending.

8 Q. Heroin use, there was heroin prior
9 to your time at TDS?

10 A. There was heroin prior to my birth.

11 Q. And so I'm not sure we got an answer
12 to this at the last deposition. When did the
13 opioid epidemic begin?

14 A. I don't have an exact time frame
15 when it began. I don't think it began before I
16 went to TDS in 2012. We definitely had a
17 crisis. We were trying to manage it as best we
18 could. To put a time and date on when it became
19 a crisis -- I wasn't -- at that point I was
20 working opioid investigations with the DEA. I
21 wasn't on the front line with the guys in my
22 office that were working the heroin/fentanyl
23 death investigations. So I'm not sure I can
24 give you a month and year when I think it began.

25 Q. Fair enough.

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1 What data would we need to look at
2 to -- based on your definitions of crisis versus
3 epidemic, what is it that we need to look for
4 that we can figure out when that happened,
5 that's when the epidemic must have started?

6 A. Somewhere around the area where we
7 were starting to have casualties, and then we
8 had mass casualties on some weekends, so there
9 was a direct increase in overdoses and overdose
10 deaths.

11 Q. When you say "casualties," does that
12 mean a death?

13 A. Yes, sir.

14 Q. And prior to your time at TDS you
15 were aware of people who had died of drug
16 overdoses?

17 A. Yes, sir.

18 Q. So it's not just a casualty that
19 makes it an epidemic, it's the number of deaths?

20 A. Correct.

21 Q. And what, in your view, is the
22 number of deaths that move something from a
23 crisis to an epidemic?

24 MR. LEDLIE: Object to the form.
25 Misstates testimony.

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1 A. I don't know that I have a number.
2 Every life is valuable. Prior to going into
3 2012, the overdose deaths that were part of any
4 of my cases were from opioid prescription
5 medication. Some were enhanced with cocaine or
6 other illicit drugs. But it wasn't a multiple
7 weekend where you would have a half dozen people
8 that died on a weekend from one batch of bad
9 drugs. So I don't have a number to say five
10 deaths, ten deaths, 30 deaths.

11 Q. Understood.

12 The rise in the number of deaths, is
13 that correlated to the prevalence of illicit
14 fentanyl in part at least? You got more people
15 dying of fentanyl now, is that part of the
16 reason it's an epidemic now?

17 A. I believe that's part of it, yes.

18 Q. And whether or not another
19 prescription opioid is -- were ever prescribed,
20 dispensed, again, in the United States, there
21 would still be an issue with fentanyl and
22 heroin?

23 MR. BENNETT: Objection. Vague.
24 Objection. Calls for speculation.

25 MR. LEDLIE: Objection. Compound.

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1 THE WITNESS: Am I allowed to
2 answer?

3 MR. BENNETT: Yes, you can answer if
4 you have an answer.

5 A. Yes. Heroin has been here for a
6 century. I mean, heroin has been a problem for
7 a long time.

8 Q. And some of that heroin is brought
9 into the United States by drug trafficking
10 organizations?

11 A. Yes, sir.

12 Q. From sophisticated drug trafficking
13 organizations?

14 A. I would agree with that statement.

15 Q. And from both inside and outside the
16 United States?

17 A. I believe so, yes.

18 Q. And I think we can agree that the
19 opioid crisis -- there was an -- the opioid
20 crisis started prior to the time you joined TDS
21 in 2012?

22 MR. LEDLIE: Object to the form.

23 A. It definitely continued to rise from
24 the time I started working prescription
25 investigations in 1998 to the time I joined the

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1 TDS in 2012. There was an increase of opioid
2 abuse that led to a crisis.

3 Q. And opioid abuse was abuse of both
4 prescription and non-prescription opioids?

5 A. When I originally started working
6 the prescription investigations, I didn't work
7 any illicit investigations, so I don't have any
8 knowledge of that during that time frame. Mine
9 was all prescription opioids.

10 Q. Today, what forms of diversion of
11 prescription opioids are most prevalent in
12 Akron?

13 A. We still have plenty of doctor
14 shoppers. We still have people that are -- we
15 have overprescribers. We have some physicians
16 that, I believe, still overprescribe. We have
17 theft of drugs. There's always theft of drugs
18 from elderly in nursing homes. We have nurses
19 that have stolen drugs. I mean, no matter what
20 profession it is, there's a small percentage
21 that aren't legitimate.

22 Q. What is that percentage?

23 A. Gosh, if I knew that, I'd run for
24 president. I don't know.

25 Q. But it's a small percentage?

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1 A. I believe so, yes. We have an
2 excellent medical staff in Summit County, we
3 have excellent nurses and physicians, but
4 there's bad apples in the group.

5 Q. But they're the exception and not
6 the rule?

7 MR. LEDLIE: Object to the form.
8 Calls for speculation.

9 A. I believe so, yes.

10 Q. And in your experience, the vast
11 majority of medical professionals are good
12 medical professionals?

13 MR. LEDLIE: Objection. Calls
14 for --

15 Q. They're not intentionally diverting
16 medications?

17 A. In my opinion, the majority are good
18 professionals, yes, good medical professionals.

19 Q. And the majority of citizens in
20 Akron are good citizens who are not doctor
21 shopping?

22 A. Yes.

23 Q. Are you aware of any studies to
24 assess the relative prevalence of diversion in
25 Akron?

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1 A. No, sir.

2 Q. Is that something you've ever looked
3 for?

4 A. No, sir.

5 Q. Is that information that would be
6 helpful to you?

7 MR. BENNETT: Objection. Vague.

8 A. I don't know if -- I'm so busy that
9 I don't know that that would be beneficial or
10 not.

11 Q. The opioid crisis that you were
12 testifying about, has that changed at all over
13 time?

14 A. It's continued to get worse. I
15 mean, the crisis elevated to an epidemic.

16 Q. Has it changed at all in any other
17 way? I think we've discussed that fentanyl
18 maybe wasn't so much in the picture before and
19 it is now. Any other changes?

20 A. Well, things have evolved over time,
21 like we discussed. Originally people thought
22 they were buying oxycodone and then they were
23 getting fentanyl. So things have evolved. I
24 mean, nothing is constant except change. So I'm
25 not sure if I'm answering your question or --

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1 Q. You are. Thank you. I appreciate
2 that.

3 A. Okay.

4 Q. Are you aware of any data regarding
5 how common it is for someone who abuses heroin
6 to have first -- to have previously used a
7 prescription opioid?

8 A. I received an internal e-mail at one
9 point with -- of a medical study on it that
10 showed, I believe it was, 80 or 85 percent of
11 heroin users started with a prescription opioid.

12 Q. And did that study say where the
13 prescription opioid came from?

14 A. I don't recall.

15 Q. We can agree a person can get a
16 prescription opioid without ever actually having
17 gotten a prescription for that opioid?

18 MR. BENNETT: Objection.

19 You can answer.

20 A. Yes.

21 Q. That's part of what you're
22 investigating?

23 A. Yes.

24 Q. Do you know how common it is -- to
25 the extent there is a history of prescription

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1 opioid use to heroin use, how common it is that
2 the prescription opioid use started with an
3 actual prescription from a doctor for that
4 patient who went to the pharmacy and got it
5 filled versus they got it from their brother,
6 they stole it from a friend, they bought it on
7 the street?

8 MR. LEDLIE: Objection. Compound.

9 A. I only know this from some of the
10 people I interviewed after arresting them, that
11 they had started with a prescription opioid. I
12 have no idea what percentage of the population
13 started with a prescription opioid or obtained
14 one by deception.

15 Q. When you say they started with a
16 prescription opioid --

17 A. A legitimate prescription opioid.

18 Q. And how many of those interviews
19 have you done?

20 A. Gosh, I -- probably a hundred. This
21 is just talking with people as I arrest them.

22 Q. Right. And they tell you the name
23 of the doctor and they show you the prescription
24 and they tell you which date they went and what
25 their condition was and who they saw and where

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1 they got it filled and all that stuff?

2 MR. LEDLIE: Objection. Compound.

3 MR. BENNETT: Objection. Form.

4 A. I don't ask them those questions. I
5 normally either have an OARRS report, or prior
6 to OARRS I had done a spreadsheet. I know what
7 doctor they went to and where they got it from.
8 So those are -- most of my percentages are
9 knowing that they received legitimate
10 prescription medication. Now, I don't know that
11 all those people went and did heroin or fentanyl
12 afterwards, but I know that I've arrested those
13 doctor shoppers for receiving legitimate
14 medications from physicians.

15 Q. And part of the way you are able to
16 find a doctor shopper is through the use of
17 OARRS?

18 A. Yes, that's part of the way.

19 Q. I lost my train of thought. One
20 second. Sorry about that.

21 Is that something you, Detective
22 Leonard, have ever tried to investigate or
23 determine, how prevalent it is for someone who's
24 using heroin to have previously received an
25 actual prescription from an actual licensed

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1 doctor for a prescription opioid?

2 A. No.

3 Q. Why not?

4 A. It wasn't part of my case. If I'm
5 doing a criminal case, once I establish my
6 probable cause, I make my arrest. It turns over
7 to the court. I move on to the next case. I'm
8 not following up on that particular item.

9 Q. The doctor shoppers that you've
10 arrested, are they all abusing -- are they all
11 abusing the prescription opioids themselves or
12 are -- I guess what I'm getting at, are they
13 shopping around to then use them themselves or
14 are they shopping around to accumulate a supply
15 and then sell it to others?

16 A. It's a little bit of both. They
17 tend to network. If they're calling in fake
18 prescriptions or they share DEA numbers if they
19 have a physician's DEA number to call in fake
20 prescriptions for themselves or others, they
21 tend to work in groups. So they'll share pills,
22 they'll trade pills, they'll use pills, kind of
23 all of the above when it comes to the pills.

24 Q. And am I correct that one of -- in
25 addition to -- one of the other concerns about

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1 doctor shoppers is that this may be a way in
2 which drug trafficking organizations can harvest
3 more pills, they can end up getting some from
4 these folks who are going around and getting
5 them from multiple pharmacies?

6 MR. LEDLIE: Object to the form.
7 You may answer.

8 A. Normally the doctor shoppers are
9 pretty much their own little clique or their own
10 group. There have been investigations where
11 someone would take a group of people to a bad
12 doctor, get prescriptions and take them to the
13 pharmacy and pay them for a flat line \$20 or \$50
14 to have the prescription filled on their
15 Medicare/Medicaid, and then they would keep all
16 the medication and sell it. But that's
17 different than a doctor shopper, that's part of
18 a DTO, a drug trafficking organization, that is
19 set up for that purpose.

20 Q. And have you worked on any DTO
21 investigations at TDS of the kind you just
22 described?

23 MR. BENNETT: Objection. Scope.
24 You may answer that question yes or
25 no only.

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1 A. Yes.

2 Q. And how many?

3 MR. BENNETT: Objection. Scope.

4 You can answer.

5 A. A couple. I don't know. Two or
6 three.

7 Q. Have any of those resulted in
8 convictions?

9 A. They're still currently under
10 investigation.

11 Q. Is there information or data that
12 you don't currently have access to at TDS, that
13 if you had access to it, you think you could be
14 more effective in your investigations?

15 MR. LEDLIE: Object to the form.

16 MR. BENNETT: Objection. Calls for
17 speculation.

18 You can answer.

19 A. I mean, I don't know what I don't
20 know, so I don't know if there's anything out
21 there that could help me or not. I haven't come
22 across any information of something that might
23 be out there.

24 Q. You mentioned limitations on your
25 ability to query OARRS, that you have to have

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1 probable cause or something before you could run
2 certain OARRS queries; is that right?

3 A. Sure. That works like LEADs, the
4 law enforcement gateway. So if I wanted to put
5 your name into OHLeg, into OARRS, and I wanted
6 to run you to see what your criminal history
7 was, I'd have to have probable cause for it or
8 I'm violating your rights. The same thing with
9 OARRS. I don't have the right to look up your
10 patient profile unless I've got probable cause
11 to see that you've done something wrong.

12 Q. Is that something you think should
13 be changed so that you should be able to look at
14 OARRS more frequently?

15 MR. LEDLIE: Object to the form.

16 MR. BENNETT: Objection.

17 A. Absolutely not. I believe
18 individuals have their personal rights and
19 privacy.

20 Q. Have you ever looked at commercial
21 prescriber level data that, you know, companies
22 like IMS produce?

23 A. No.

24 Q. Are you aware of what IMS is?

25 A. I am not.

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1 Q. Do you know whether the TDS has ever
2 obtained IMS information?

3 A. I don't know that information.

4 Q. Do you know if there's anything that
5 prevents DEA from purchasing that information?

6 MR. BENNETT: Object to the form of
7 the question.

8 A. I'm not aware of the information.

9 Q. And did I understand that you have
10 to have probable cause in order to run certain
11 OARRS queries related to the physician as
12 opposed to of an individual patient?

13 A. It's the same for both. I have to
14 have some type of suspicion to run someone. I
15 can't just go out on a fishing expedition and
16 pick Dr. Smith at the Cleveland Clinic and
17 decide I want to run his OARRS and see who he's
18 prescribing to. I have to have some type of
19 complaint, some type of suspicion, some type of
20 reason -- reasonable suspicion to run it.

21 Q. And just in practice, how does that
22 work? You police yourself as to whether or not
23 you have probable cause before you run the OARRS
24 query?

25 MR. LEDLIE: Object to the form.

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1 Q. In other words, do you have to apply
2 to OARRS and say I'm running a query on this
3 person and here's my probable cause?

4 A. No.

5 Q. You got a log-in and password,
6 right?

7 A. Right. And once I run Joe Smith
8 doctor shopper, I don't get the information. It
9 gets forwarded to my supervisor, who has to
10 approve my running of OARRS, and then the
11 information is sent to me. So there's a checks
12 and balance in OARRS.

13 Q. Does that mean you have to give your
14 supervisor some information so he can -- what's
15 your supervisor basing the approval on?

16 MR. LEDLIE: Object to the form to
17 the extent this calls for any revealing of
18 police investigative techniques. I would assert
19 the law enforcement privilege.

20 MR. BENNETT: And I would also
21 object based on scope.

22 You're not authorized to disclose
23 the internal deliberative process of the DEA. I
24 also would object, calls for speculation. With
25 those instructions, you can answer within those

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1 bounds.

2 A. When I run someone through OARRS, I
3 let my supervisor know, hey, I'm running this
4 guy, I'm looking into whether it's an open case
5 or not or I'm going to open a case. And I
6 believe part of the disclosure -- you got a copy
7 of my OARRS book where I list the date I ran
8 someone, who I ran. I list the physician, I
9 think, and I list who referred it to me, whether
10 it was another officer, whether it was a
11 pharmacist or a physician, or whoever called and
12 gave me whatever information I felt necessary
13 that I had enough information to run. So I keep
14 a log of all the people I run through OARRS.
15 That way I cover myself that I'm not just --
16 someone can't say, hey, you ran your ex-wife and
17 you're trying to cause problems.

18 Q. Has your request to run OARRS on
19 someone ever been denied by your supervisor?

20 A. No, sir.

21 Q. And I can't remember if I asked you
22 this before. Do you ever look at volume data,
23 volume of prescriptions, volume of dispensing,
24 as a potential way to identify people who you
25 should investigate?

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1 MR. BENNETT: Objection. Vague.

2 A. That information could come from a
3 DI when they run ARCOS or check something. I
4 have not done that, but yes, that's possible.

5 Q. But you don't know whether -- I
6 think -- I want to make sure. Do you know
7 whether a DI has ever given you -- said I think
8 we should investigate X whatever or whoever X is
9 based on volume?

10 A. I'm not aware of how they -- my
11 belief is they have other information besides
12 just volume when they're doing that
13 investigation.

14 MR. BLOCK: I'm going to yield the
15 floor to co-counsel with the indulgence I may
16 have one or two follow-ups.

17 MR. BENNETT: Does the court
18 reporter know how long we've been on the record,
19 because I have it as us being on almost two
20 hours already?

21 SPECIAL MASTER COHEN: We will go
22 off the record and you can do a count.

23 (Short recess had.)

24 EXAMINATION OF PATRICK LEONARD

25 BY MR. GOLDSTEIN:

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1 Q. Good morning, Detective Leonard.
2 We've met before. I'm Josh Goldstein. I
3 represent one of the manufacturers in this case.
4 Just a couple quick follow-up questions.

5 Is there any data that you receive
6 in your work at the TDS in the aggregate related
7 to volume within the jurisdictions for which the
8 TDS operates?

9 A. I don't personally receive any of
10 that information.

11 Q. And to clarify, on the volume of
12 prescription opioids written?

13 A. Yes. And, again, I don't personally
14 receive any information of numbers or volume.

15 Q. Is that information that people that
16 work at the TDS review to your knowledge?

17 MR. BENNETT: Objection. Scope.
18 Objection. Calls for speculation.

19 You can answer within your
20 knowledge.

21 A. I don't know what everyone else's
22 job specifications are. I am aware that ARCOS
23 is used by TDS and volume and numbers are
24 reviewed. I don't know how much or how often.

25 Q. As far as you're aware, is ARCOS or

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1 any other volume data used to identify target
2 areas within the geographic area in which TDS
3 operates?

4 MR. BENNETT: Objection. Scope.

5 A. It can be.

6 Q. And can you explain?

7 MR. BENNETT: Objection. Scope.

8 You are not authorized to disclose
9 confidential law enforcement investigative
10 techniques, the effectiveness of which would be
11 impaired by disclosure. To the extent you can
12 answer without disclosing confidential
13 techniques, then you can answer.

14 A. That would be a law enforcement
15 technique.

16 Q. Without getting into what specific
17 data you look at, is it fair to say that folks
18 within TDS look at -- I'll strike the question.
19 That's all I have.

20 FURTHER EXAMINATION OF PATRICK LEONARD
21 BY MR. BLOCK:

22 Q. I just had one more, which is you
23 testified earlier, Detective Leonard, that
24 you're working on an investigation into a
25 distributor that's one of the Defendants in the

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1 case, and my follow-up question to that is, is
2 that a distributor that is national in the scope
3 of its operations?

4 MR. BENNETT: Objection. Beyond the
5 scope of the authorization. Would reveal facts
6 about an ongoing investigation. Instruct the
7 witness not to answer.

8 SPECIAL MASTER COHEN: Sustained.

9 MR. BLOCK: Then I have no further
10 questions. Nice to meet you. Thank you, sir.

11 EXAMINATION OF PATRICK LEONARD

12 BY MR. LEDLIE:

13 Q. Detective Leonard, are you familiar
14 with the Controlled Substances Act through your
15 detective work?

16 A. Yes.

17 Q. Under the Controlled Substances Act,
18 are there rules concerning who is allowed to
19 make, distribute and dispense scheduled drugs --

20 A. Yes.

21 Q. -- in America?

22 And generally what are the rules
23 that you're aware of with respect to the
24 obligations of registrants in the DEA for
25 scheduled drugs?

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1 MR. BENNETT: Object to form.

2 A. They're responsible for the safe
3 distribution of medications to the public.

4 MR. BENNETT: I'm sorry for
5 belating. I was reading it. Objection. Scope.
6 But I'm not instructing you not to answer so
7 it's okay that you answered it. Objection.
8 It's beyond the scope since you're speaking for
9 DEA.

10 Q. In your personal work have you --
11 are you aware of the concept that DEA
12 registrants must maintain effective controls
13 against diversion?

14 A. Yes.

15 Q. In your tenure with the TDS, has the
16 manufacturers and distributors of scheduled
17 opioid medications maintained effective controls
18 to prevent diversion?

19 MR. BLOCK: Objection. Form.

20 MR. BENNETT: Objection. Scope.

21 You're not authorized to disclose
22 information regarding specific DEA activities
23 and investigations that are non-public. You
24 also are not authorized to use non-public
25 information in forming fact or expert opinions.

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1 To the extent that you have an opinion that is
2 based on public information or information you
3 acquired outside of your role with the DEA, you
4 may answer.

5 A. So your question again?

6 Q. My question, Detective Leonard, is,
7 during your tenure with the TDS has diversion
8 been a continuous problem?

9 A. Yes.

10 Q. At a general level, is it your
11 personal opinion, based on the public disclosure
12 of convictions, court records, cases that you've
13 worked -- is it -- can you tell me whether or
14 not the registrants who have supplied opioids to
15 the jurisdictions that you've worked in were
16 effective in preventing and having effective
17 controls to prevent diversion?

18 MR. BLOCK: Object to the form.

19 A. I don't believe they were.

20 MR. LEDLIE: That's all I have.

21 FURTHER EXAMINATION OF PATRICK LEONARD
22 BY MR. BLOCK:

23 Q. What registrants did you mean in
24 your last answer? You're talking about
25 Dr. Harper wasn't effective?

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1 A. No. I'm talking about the market of
2 Summit County with the number of opioids being
3 prescribed overall.

4 Q. Explain the basis for your belief
5 that any particular manufacturer or distributor
6 was not effective in preventing and having
7 effective controls to prevent diversion.

8 A. The epidemic, by definition, grew
9 out of opioid prescription medication. My
10 personal belief is that the number of people
11 that became addicted to prescription medication
12 has driven the number of people that are
13 addicted to both prescription medication and
14 illicit opioids that have been part and -- of
15 our epidemic.

16 Q. That's based on something you
17 haven't studied? You haven't done any studies
18 about that, right?

19 MR. LEDLIE: Object to the form.
20 Misstates testimony.

21 A. I have investigated prescription
22 opioid abuse for 21 years in Summit County.

23 Q. You've never investigated a
24 pharmaceutical manufacturer?

25 A. No, sir. We've established that.

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1 Q. You've never investigated a
2 pharmaceutical distributor except for one
3 pending investigation?

4 A. Correct.

5 Q. And so the basis for your opinion is
6 that there is an epidemic, therefore, somebody
7 must have done something wrong?

8 MR. LEDLIE: Objection. Misstates
9 testimony.

10 A. That kind of sums it up in a real
11 vague way, but I think there could have been and
12 should have been more controls at all levels,
13 and that being -- pills in the market is part of
14 it.

15 Q. And would that include the DEA
16 should have had lower quotas for prescription
17 opioids?

18 MR. BENNETT: Objection.
19 You can answer.

20 A. I don't know what the quotas are so
21 I don't know if they should have been higher or
22 lower.

23 Q. Is it your view that there are too
24 many opioids in circulation?

25 A. There are.

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1 Q. So is it your view that the quota
2 should be lower?

3 MR. LEDLIE: Objection. Calls for
4 speculation.

5 A. Certain regions may be higher than
6 others, so I can't say -- you know, the
7 population of Chicago should obviously have more
8 opioids from a distributor than the population
9 of, say, Warren, Ohio.

10 Q. Should have been more controls at
11 all levels. Is one of those levels the federal
12 level? Back to your prior answer. Your view is
13 there should have been more controls at all
14 levels. Is one of those the federal level?

15 MR. BENNETT: Objection. Vague.

16 MR. LEDLIE: Object to form.

17 A. I wasn't talking about law
18 enforcement at that point. I was talking about
19 distributors.

20 Q. Does law enforcement have any
21 responsibility whatsoever?

22 A. We react. Law enforcement reacts to
23 what's going on. We don't have the manpower to
24 investigate every crime that's happening. We
25 supply and do the best we can with what we have

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1 and we've been overwhelmed.

2 Q. How about the medical board; does
3 the medical board have some responsibility?

4 MR. LEDLIE: Objection. Asked and
5 answered.

6 Strike that. You may answer.

7 A. They have investigation ability.
8 Whether they have responsibility towards people
9 overdosing and dying, I don't think that any of
10 law enforcement has the responsibility for that.
11 We have the responsibility to investigate for
12 the reasons. I don't know that we're
13 responsible for people that have abused
14 medication and died over it.

15 Q. How about the pharmacy board?

16 A. And they continue to do
17 investigations as well.

18 Q. Do they have any responsibility for
19 the opioid epidemic?

20 A. I don't believe so, no.

21 MR. LEDLIE: Object to the form.

22 Q. How about the state legislature?

23 A. I am not involved with the
24 government.

25 Q. How about the individuals who are

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1 abusing medications?

2 MR. LEDLIE: Objection. Asked and
3 answered.

4 A. Sure, I think they have some
5 responsibility.

6 Q. How about the individuals who are --
7 how about the drug traffickers that are
8 trafficking drugs?

9 A. I believe so. They're taking
10 advantage of a situation.

11 Q. The doctors who prescribe
12 medications?

13 MR. LEDLIE: Objection. Vague.

14 A. Yes.

15 SPECIAL MASTER COHEN: I think we're
16 at our time limit.

17 MR. BLOCK: I was following up on
18 the redirect that my opponent did, but okay.

19 SPECIAL MASTER COHEN: If you have
20 just a couple more questions, that's fine.

21 MR. BLOCK: Thank you. Nice to see
22 you.

23 MR. BENNETT: Before we go off the
24 record, the United States hereby specifically
25 requests that the transcript and the information

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1 contained therein be marked highly confidential,
2 attorney eyes only until the DEA has had the
3 chance to vet the transcript. Once it's been
4 vetted, we may be able to reduce portions of
5 that that are not highly confidential and
6 subject to attorney eyes only.

7 SPECIAL MASTER COHEN: Any
8 objection?

9 MR. BLOCK: No, Your Honor.

10 SPECIAL MASTER COHEN: That's fine.

11 MR. BLOCK: Just that it be done
12 timely.

13

14 (Deposition concluded at 10:15 a.m.)

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1 Whereupon, counsel was requested to give
2 instruction regarding the witness' review of
3 the transcript pursuant to the Civil Rules.

4

5 SIGNATURE:

6 Transcript review was requested pursuant to
7 the applicable Rules of Civil Procedure.

8

9 TRANSCRIPT DELIVERY:

10 Counsel was requested to give instruction
11 regarding delivery date of transcript.

12

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REPORTER'S CERTIFICATE

[illegible]

I, Renee L. Pellegrino, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within named witness, PATRICK LEONARD, was by me first duly sworn to testify the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by the above referenced witness was by me reduced to stenotypy in the presence of said witness; afterwards transcribed, and that the foregoing is a true and correct transcription of the testimony so given by the above referenced witness.

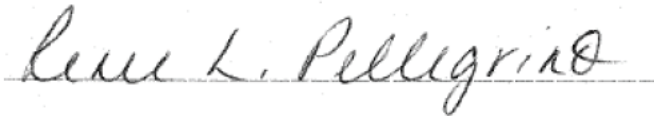
I do further certify that this deposition was taken at the time and place in the foregoing caption specified and was completed without adjournment.

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1 I do further certify that I am not a
2 relative, counsel or attorney for either party,
3 or otherwise interested in the event of this
4 action.

5 IN WITNESS WHEREOF, I have hereunto set
6 my hand and affixed my seal of office at
7 Cleveland, Ohio, on this 29th day of May, 2019.
8
9

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11 
12

13 Renee L. Pellegrino, Notary Public
14 within and for the State of Ohio
15

16 My commission expires October 12, 2020.
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Veritext Legal Solutions
1100 Superior Ave
Suite 1820
Cleveland, Ohio 44114
Phone: 216-523-1313

May 29, 2019

To: James Ledlie, Esq.

Case Name: In Re: National Prescription Opiate Litigation

Veritext Reference Number: 3389786

Witness: Patrick Leonard Deposition Date: 5/23/2019

Dear Sir/Madam:

Enclosed please find a deposition transcript. Please have the witness review the transcript and note any changes or corrections on the included errata sheet, indicating the page, line number, change, and the reason for the change. Have the witness' signature notarized and forward the completed page(s) back to us at the Production address shown above, or email to production-midwest@veritext.com.

If the errata is not returned within thirty days of your receipt of this letter, the reading and signing will be deemed waived.

Sincerely,
Production Department

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DEPOSITION REVIEW
CERTIFICATION OF WITNESS

ASSIGNMENT REFERENCE NO: 3389786

CASE NAME: In Re: National Prescription Opiate Litigation

DATE OF DEPOSITION: 5/23/2019

WITNESS' NAME: Patrick Leonard

In accordance with the Rules of Civil Procedure, I have read the entire transcript of my testimony or it has been read to me.

I have made no changes to the testimony as transcribed by the court reporter.

Date Patrick Leonard

Sworn to and subscribed before me, a Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that:

They have read the transcript;
They signed the foregoing Sworn Statement; and
Their execution of this Statement is of their free act and deed.

I have affixed my name and official seal
this _____ day of _____, 20____.

Notary Public

Commission Expiration Date

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DEPOSITION REVIEW
CERTIFICATION OF WITNESS

ASSIGNMENT REFERENCE NO: 3389786

CASE NAME: In Re: National Prescription Opiate Litigation

DATE OF DEPOSITION: 5/23/2019

WITNESS' NAME: Patrick Leonard

In accordance with the Rules of Civil Procedure, I have read the entire transcript of my testimony or it has been read to me.

I have listed my changes on the attached Errata Sheet, listing page and line numbers as well as the reason(s) for the change(s).

I request that these changes be entered as part of the record of my testimony.

I have executed the Errata Sheet, as well as this Certificate, and request and authorize that both be appended to the transcript of my testimony and be incorporated therein.

Date

Patrick Leonard

Sworn to and subscribed before me, a Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that:

They have read the transcript;
They have listed all of their corrections in the appended Errata Sheet;
They signed the foregoing Sworn Statement; and
Their execution of this Statement is of their free act and deed.

I have affixed my name and official seal
this _____ day of _____, 20____.

Notary Public

Commission Expiration Date

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ERRATA SHEET
VERITEXT LEGAL SOLUTIONS MIDWEST
ASSIGNMENT NO: 3389786

PAGE/LINE(S) / CHANGE /REASON

Date Patrick Leonard
SUBSCRIBED AND SWORN TO BEFORE ME THIS _____
DAY OF _____, 20____ .

Notary Public

Commission Expiration Date

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[& - 45132]

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[avenue - bought]

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[boulevard - christopher]

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[doj - extent]

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[gibson - identify]

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[identifying - investigations]

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[investigations - law]

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[law - main]

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[primary - receiving]

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[recess - saw]

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[sort - surveillance]

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[surveillance - think]

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[thinking - vague]

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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF APRIL 1, 2019. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

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COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

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